

CITY OF SPOKANE



NOTICE

REGARDING CITY COUNCIL MEETINGS

Notice is hereby given that, pursuant to Governor Jay Inslee's **Revised Proclamation 20-28.15**, dated **January 19, 2021**, all public meetings subject to the Open Public Meetings Act, Chapter 42.30 RCW, are to be held remotely and that the in-person attendance requirement in RCW 42.30.030 has been suspended until termination of the state of emergency pursuant to RCW 43.06.210, or until rescinded, whichever occurs first. Proclamations 20-28, et seq, were amended by the Washington State Legislature to recognize the extension of statutory waivers and suspensions therein until termination of the state of emergency pursuant to RCW 43.06.210 or until rescinded.

While all public meetings must continue to be held remotely, an option for an additional in-person meeting component is permitted consistent with the business meetings requirements contained in the Miscellaneous Venues guidance incorporated into Proclamation 20-25, et seq. At this time, the City Council has decided to continue its meetings with remote access only and to not include an in-person attendance component.

Temporarily and until further notice, the public's ability to attend City Council meetings is by remote access only. In-person attendance is not permitted at this time. The public is encouraged to tune in to the meeting as noted below.

Public comment will be taken virtually on legislative items during the 6:00 p.m. Legislative Session on **January 31, 2022**.

The regularly scheduled Spokane City Council 3:30 p.m. Briefing Session and 6:00 p.m. Legislative Session will be held virtually and streamed live online and airing on City Cable 5. Some members of the City Council and City staff will be attending virtually. The public is encouraged to tune in to the meeting live on Channel 5, at <https://my.spokanecity.org/citycable5/live>, or by calling **1-408-418-9388** and entering the access code **2485 018 9050** for the 3:30 p.m. Briefing Session or **2497 600 3974** for the 6:00 p.m. Legislative Session when prompted; meeting password is **0320**.

To participate in virtual public comment (including Open Forum):

Sign up to give testimony on legislative items and during Open Forum at <https://forms.gle/Vd7n381x3seaL1NW6>. You must sign up in order to be called on to testify. **The form will be open at 5:00 p.m. on Monday, January 31, 2022, and will close at 6:00 p.m.** At 6:00 p.m., you will call in to the meeting using the information above or join by WebEx video using the information provided on the form. When it is your turn to testify, Council President will call your name. Instructions for participation are provided on the form when you sign up. The Open Forum is a limited public forum; all matters discussed in the open forum shall relate to the affairs of the City and items of interest not relating to the Current or Advance Agendas, pending hearing items, or initiatives or referenda in a pending election. Individuals speaking during the open forum shall address their comments to the Council President and shall not use profanity, engage in obscene speech, or make personal comment or verbal insults about any individual.

**CITY COUNCIL MEETINGS
RULES – PUBLIC DECORUM**

Strict adherence to the following rules of decorum by the public will be observed and adhered to during City Council meetings, including open forum, public comment period on legislative items, and Council deliberations:

- 1. No Clapping!**
- 2. No Cheering!**
- 3. No Booing!**
- 4. No public outbursts!**
- 5. Three-minute time limit for comments made during open forum and public testimony on legislative items!**

In addition, please silence your cell phones when entering the Council Chambers!

Further, keep the following City Council Rules in mind:

Rule 2.2 OPEN FORUM

- A. At each meeting, after the conclusion of the legislative agenda, the Council shall hold an open public comment period until 9:30 pm, which may be extended by motion.
- B. At the beginning of the open forum session, staff will collect the sign-up sheet(s) and deliver them to the Chair. The order of the speakers and the appropriate time limits for the speakers will be determined at the discretion of the Chair. Each speaker shall be limited to no more than three minutes.
- C. No action, other than a statement of Councilmembers' intent to address the matter in the future, points of order, or points of information will be taken by Council members during an open forum.
- D. The open forum is a limited public forum; all matters discussed in the open forum shall relate to the affairs of the City and items not currently included on that week's current agenda or the next week's advance Council agendas. No person shall be permitted to speak in open forum regarding items on the current or advance agendas, pending hearing items, or initiatives or referenda in a pending election. Individuals speaking during the open forum shall address their comments to the Council President and shall not use profanity, engage in obscene speech, or make personal comment or verbal insults about any individual.

Rule 2.7 SERVICE ANIMALS AT CITY COUNCIL MEETINGS

- A. For purposes of these Rules, only dogs that are individually trained to do work or perform tasks for a person with a disability are recognized as service animals. Dogs or other animals whose sole function is to provide comfort or emotional support do not qualify as service animals under these Rules. Service animals are permitted to accompany people with disabilities in City Council meetings, as well as all areas where members of the public are allowed to go.
- B. Service animals must, at all times while present in a City Council meeting, be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices, in which case, the individual must maintain control of the animal through voice, signal, or other effective controls.

Rule 2.15 PARTICIPATION OF MEMBERS OF THE PUBLIC IN COUNCIL MEETINGS

- A. Members of the public may address the Council regarding the following items on the Council's legislative agenda: first and final readings of regular and special budget ordinances, emergency ordinances, special consideration items, hearing items, and other items before the City Council requiring Council action, except those that are adjudicatory or solely administrative in nature. This rule shall not limit the public's right to speak during the open forum.
- B. No member of the public may speak without first being recognized for that purpose by the Chair. Except for named parties to an adjudicative hearing, a person may be required to sign a sign-up sheet and provide their city of residence as a condition of recognition. Council members must be recognized by the Chair for the purpose of obtaining the floor.
- C. Each person speaking in a public Council meeting shall verbally identify themselves by name, city of residence, and, if appropriate, representative capacity.
- D. Each speaker shall follow all written and verbal instructions so that verbal remarks are electronically recorded, and documents submitted for the record are identified and marked by the Clerk.
- E. In order that evidence and expressions of opinion be included in the record and that decorum befitting a deliberative process be maintained, no modes of expression not provided by these rules, including but not limited to demonstrations, banners, signs, applause, profanity, vulgar language, or personal insults will be permitted.
- F. A speaker asserting a statement of fact may be asked to document and identify the sources of the factual datum being asserted.

- G. When addressing the Council, members of the public shall direct all remarks to the Council President, shall refrain from remarks directed personally to any Council Member, and shall confine remarks to the matters that are specifically before the Council at that time.
- H. When any person, including members of the public, City staff, and others, are addressing the Council, Council members shall observe the same decorum and process, as the rules require among the members *inter se*. That is, a Council member shall not engage the person addressing the Council in colloquy but shall speak only when granted the floor by the Council President. All persons and/or Council members shall not interrupt one another. The duty of mutual respect set forth in Rule 1.2 and the rules governing debate set forth in *Robert's Rules of Order, newly revised*, shall extend to all speakers before the City Council. The City Council's Policy Director and/or City Attorney shall, with the assistance of Council staff, assist the Council President to ensure that all individuals desiring to speak shall be identified, appropriately recognized, and provided the opportunity to speak.

Rule 2.16 PUBLIC TESTIMONY REGARDING LEGISLATIVE AGENDA ITEMS – TIME LIMITS

- A. The City Council shall take public testimony on all matters included on its legislative agenda as described at Rule 2.16(A), with those exceptions stated in Rule 2.17(B). Public testimony shall be limited to the final Council action, except that public testimony shall be allowed at the first reading of ordinances. Public testimony shall be limited to three (3) minutes per speaker, unless, at their discretion, the Chair determines that, because of the number of speakers signed up to testify, less time will be needed for each speaker in order to accommodate all speakers. The Chair may allow additional time if the speaker is asked to respond to questions from the Council.
- B. No public testimony shall be taken on items on the Council's consent agenda, amendments to legislative agenda items, or solely procedural, parliamentary, or administrative matters of the Council, including amendments to these Rules.
- C. For legislative or hearing items that may affect an identifiable individual, association, or group, the following procedure may be implemented at the discretion of the Council President:
 - 1. Following an assessment by the Chair of factors such as complexity of the issue(s), the apparent number of people indicating a desire to testify, representation by designated spokespersons, etc., the Chair shall, in the absence of objection by the majority of the Council present, impose the following procedural time limitations for taking public testimony regarding legislative matters:
 - a. There shall be up to fifteen (15) minutes for staff, board, or commission presentation of background information, if any.
 - b. The designated representative of the proponents of the issue shall speak first and may include within their presentation the testimony of expert witnesses, visual displays, and any other reasonable methods of presenting the case. Up to thirty (30) minutes may be granted for the proponent's presentation. If there be more than one designated representative, they shall allocate the allotted time between or among themselves.
 - c. Following the presentation of the proponents of the issue, three (3) minutes shall be granted for any other person not associated with the designated representative of the proponents who wishes to speak on behalf of the proponent's position.
 - d. The designated representative, if any, of the opponents of the issue shall speak following the presentation of the testimony of expert witnesses, visual displays, and any other reasonable methods of presenting the case. The designated representative(s) of the opponents shall have the same amount of time which was allotted to the proponents.
 - e. Following the presentation by the opponents of the issue, three (3) minutes shall be granted for any other person not associated with the designated representative of the opponents who wishes to speak on behalf of the opponents' position.
 - f. Up to ten (10) minutes of rebuttal time may be granted to the designated representative for each side, the proponents speaking first, the opponents speaking second.
 - 2. In the event the party or parties representing one side of an issue has a designated representative and the other side does not, the Chair shall publicly ask the unrepresented side if they wish to designate one or more persons to utilize the time allotted for the designated representative. If no such designation is made, each person wishing to speak on behalf of the unrepresented side shall be granted three (3) minutes to present their position, and no additional compensating time shall be allowed due to the fact that the side has no designated representative.
 - 3. In the event there appears to be more than two groups wishing to advocate their distinct positions on a specific issue, the Chair may grant the same procedural and time allowances to each group or groups, as stated previously.
- D. The time taken for staff or Council member questions and responses thereto shall be in addition to the time allotted for any individual or designated representative's testimony.

THE CITY OF SPOKANE



ADVANCE COUNCIL AGENDA

MEETING OF MONDAY, JANUARY 31, 2022

MISSION STATEMENT

**TO DELIVER EFFICIENT AND EFFECTIVE SERVICES
THAT FACILITATE ECONOMIC OPPORTUNITY
AND ENHANCE QUALITY OF LIFE.**

MAYOR NADINE WOODWARD

COUNCIL PRESIDENT BREEAN BEGGS

COUNCIL MEMBER JONATHAN BINGLE

COUNCIL MEMBER LORI KINNEAR

COUNCIL MEMBER BETSY WILKERSON

COUNCIL MEMBER MICHAEL CATHCART

COUNCIL MEMBER KAREN STRATTON

COUNCIL MEMBER ZACK ZAPPONE

**CITY COUNCIL CHAMBERS
CITY HALL**

**808 W. SPOKANE FALLS BLVD.
SPOKANE, WA 99201**

LAND ACKNOWLEDGEMENT

We acknowledge that we are on the unceded land of the Spokane people. And that these lands were once the major trading center for the Spokanes as they shared this place and welcomed other area tribes through their relations, history, trade, and ceremony. We also want to acknowledge that the land holds the spirit of the place, through its knowledge, culture, and all the original peoples Since Time Immemorial.

As we take a moment to consider the impacts of colonization may we also acknowledge the strengths and resiliency of the Spokanes and their relatives. As we work together making decisions that benefit all, may we do so as one heart, one mind, and one spirit.

We are grateful to be on the shared lands of the Spokane people and ask for the support of their ancestors and all relations. We ask that you recognize these injustices that forever changed the lives of the Spokane people and all their relatives.

We agree to work together to stop all acts of continued injustices towards Native Americans and all our relatives. It is time for reconciliation. We must act upon the truths and take actions that will create restorative justice for all people.

Adopted by Spokane City Council on the 22nd day of March, 2021
via Resolution 2021-0019

CITY COUNCIL BRIEFING SESSION

Council will adopt the Administrative Session Consent Agenda after they have had appropriate discussion. Items may be moved to the 6:00 p.m. Legislative Session for formal consideration by the Council at the request of any Council Member.

SPOKANE CITY COUNCIL BRIEFING SESSIONS (BEGINNING AT 3:30 P.M. EACH MONDAY) AND LEGISLATIVE SESSIONS (BEGINNING AT 6:00 P.M. EACH MONDAY) ARE BROADCAST LIVE ON CITY CABLE CHANNEL FIVE AND STREAMED LIVE ON THE CHANNEL FIVE WEBSITE. THE SESSIONS ARE REPLAYED ON CHANNEL FIVE ON THURSDAYS AT 6:00 P.M. AND FRIDAYS AT 10:00 A.M.

The Briefing Session is open to the public, but will be a workshop meeting. Discussion will be limited to Council Members and appropriate Staff and Counsel.

ADDRESSING THE COUNCIL

- No member of the public may speak without first being recognized for that purpose by the Chair. Except for named parties to an adjudicative hearing, a person may be required to sign a sign-up sheet and provide their city of residence as a condition of recognition.
- Each person speaking at the public microphone shall verbally identify themselves by name, city of residency and, if appropriate, representative capacity.
- If you are submitting letters or documents to the Council Members, please provide a minimum of ten copies via the City Clerk. The City Clerk is responsible for officially filing and distributing your submittal.
- In order that evidence and expressions of opinion be included in the record and that decorum befitting a deliberative process be maintained, no modes of expression including but not limited to demonstrations, banners, signs, applause, profanity, vulgar language or personal insults will be permitted.
- A speaker asserting a statement of fact may be asked to document and identify the source of the factual datum being asserted.

SPEAKING TIME LIMITS: Unless deemed otherwise by the Chair, each person addressing the Council shall be limited to a three-minute speaking time.

CITY COUNCIL AGENDA: The City Council Advance and Current Agendas may be obtained prior to Council Meetings by accessing the City website at www.spokanecity.org.

BRIEFING SESSION

(3:30 p.m.)

(Council Chambers Lower Level of City Hall)

(No Public Testimony Taken)

Roll Call of Council

Council Reports

Staff Reports

Committee Reports

Advance Agenda Review

Current Agenda Review

ADMINISTRATIVE SESSION

CONSENT AGENDA

REPORTS, CONTRACTS AND CLAIMS

RECOMMENDATION

- | | | |
|---|---------|------------------------------|
| 1. Five-year Value Blanket Purchase Order with Life Assist (Chelmsford, MA), the lowest responsive bidder, for EMS medical supplies for the Fire Department—estimated annual expenditure \$230,000 (incl. tax). (Council Sponsor: Council Member Kinnear)
Mike Lopez | Approve | OPR 2022-0048
RFQ 5542-21 |
| 2. Contract Extension 3 of 3 with Passport Labs, Inc. (Charlotte, NC) for mobile pay by phone parking services from February 1, 2022 through August 1, 2022—\$40,000. (Council Sponsor: Council Member Kinnear)
Jesten Ray | Approve | OPR 2018-0029 |
| 3. Amendment and cost increase to Contract with Shawn Cole Construction (Spokane, WA) for the remodel of the Gardner investigative building due to increased window and door materials pricing—\$7,263.34. Total contract cost: \$54,460.34. (Council Sponsor: Council Member Kinnear)
Major Mike McNab | Approve | OPR 2021-0668 |

- | | | |
|--|------------------------------------|---------------|
| 4. Report of the Mayor of pending claims and payments of previously approved obligations, including those of Parks and Library, through _____, 2022, total \$_____, with Parks and Library claims approved by their respective boards. Warrants excluding Parks and Library total \$_____. | Approve &
Authorize
Payments | CPR 2022-0002 |
| <hr/> | | |
| 5. City Council Meeting Minutes: _____, 2022. | Approve
All | CPR 2022-0013 |

EXECUTIVE SESSION

(Closed Session of Council)

(Executive Session may be held or reconvened during the 6:00 p.m. Legislative Session)

CITY COUNCIL SESSION

(May be held or reconvened following the 3:30 p.m. Administrative Session)

(Council Briefing Center)

This session may be held for the purpose of City Council meeting with Mayoral nominees to Boards and/or Commissions. The session is open to the public.

LEGISLATIVE SESSION

(6:00 P.M.)

(Council Reconvenes in Council Chamber)

WORDS OF INSPIRATION

PLEDGE OF ALLEGIANCE

ROLL CALL OF COUNCIL

ANNOUNCEMENTS

(Announcements regarding Changes to the City Council Agenda)

BOARDS AND COMMISSIONS APPOINTMENTS

(Includes Announcements of Boards and Commissions Vacancies)

APPOINTMENTS

RECOMMENDATION

Park Board: Two Reappointments

Approve

CPR 1981-0402

Plan Commission: Two Appointments

Approve

CPR 1981-0295

ADMINISTRATIVE REPORT

COUNCIL COMMITTEE REPORTS

(Committee Reports for Finance, Neighborhoods, Public Safety, Public Works, and Planning/Community and Economic Development Committees and other Boards and Commissions)

LEGISLATIVE AGENDA

NO SPECIAL BUDGET ORDINANCES

NO EMERGENCY ORDINANCES

NO RESOLUTIONS

NO FINAL READING ORDINANCES

NO FIRST READING ORDINANCES

NO SPECIAL CONSIDERATIONS

NO HEARINGS

Motion to Approve Advance Agenda for January 31, 2022
(per Council Rule 2.1.2)

OPEN FORUM

At each meeting after the conclusion of the legislative agenda, the Council shall hold an open public comment period until 9:30 p.m., which may be extended by motion. Each speaker is limited to no more than three minutes. In order to participate in Open Forum, you must sign up here: <https://forms.gle/Vd7n381x3seaL1NW6>. The form will open at 5:00 p.m. on Monday, January 31, and will close at 6:00 p.m. Instructions for participating are available on the form. The Open Forum is a limited public forum; all matters discussed in the open forum shall relate to the affairs of the City and items of interest not relating to the Current or Advance Agendas, pending hearing items, or initiatives or referenda in a pending election. Individuals speaking during the open forum shall address their comments to the Council President and shall not use profanity, engage in obscene speech, or make personal comment or verbal insults about any individual.

ADJOURNMENT

The January 31, 2022, Regular Legislative Session of the City Council is adjourned to February 7, 2022.

NOTES



Agenda Sheet for City Council Meeting of:
01/31/2022

Date Rec'd	1/17/2022
Clerk's File #	OPR 2022-0048
Renews #	
Cross Ref #	
Project #	
Bid #	RFQ 5542-21
Requisition #	VB

Submitting Dept	FIRE
Contact Name/Phone	MIKE LOPEZ X7092
Contact E-Mail	MLOPEZ@SPOKANECITY.ORG
Agenda Item Type	Purchase w/o Contract
Agenda Item Name	1970 LIFE ASSIST VALUE BLANKET

Agenda Wording

Award a Five (5) Year Value Blanket Purchase Order to the lowest responsive bidder, Life Assist for EMS medical supplies for the City of Spokane Fire Department. Estimated annual expenditure is \$230,000.00, including tax.

Summary (Background)

The current medical supply purchasing contract is in its fifth, and final extension year for purchase of medical supplies. Expiration of the current medical supply purchasing contract requires the City of Spokane to conduct another bid to establish a new contract and assure that medical supplies are purchased in the most economically prudent manner.

Lease? NO Grant related? NO Public Works? NO

Fiscal Impact

Expense \$ \$230,000.00

Select \$

Select \$

Select \$

Budget Account

1970-35121-22200-53204-99999

#

#

#

Approvals

Dept Head SCHAEFFER, BRIAN

Division Director SCHAEFFER, BRIAN

Finance SCHMITT, KEVIN

Legal ODLE, MARI

For the Mayor ORMSBY, MICHAEL

Council Notifications

Study Session\Other PSC 01/10/2022

Council Sponsor CM Kinnear

Distribution List

fireaccounting@spokanecity.org

mlopez@spokanecity.org

Additional Approvals

Purchasing PRINCE, THEA

Briefing Paper

Public Safety and Community Health

Division & Department:	Spokane Fire Department – EMS Division
Subject:	Fire Department Value Blanket Order for EMS Medical Supplies
Date:	October 20, 2021
Contact (email & phone):	mlopez@spokanecity.org 509.625.7092
City Council Sponsor:	
Executive Sponsor:	Brian Schaeffer, Fire Chief
Committee(s) Impacted:	Public Safety and Community Health Committee
Type of Agenda item:	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
Alignment: (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	Budget
Strategic Initiative:	
Deadline:	December 31, 2021
Outcome: (deliverables, delivery duties, milestones to meet)	Award a Value Blanket Purchase Order to the lowest responsive bidder, LifeAssist, for EMS Medical Supplies for the City of Spokane Fire Department. Estimated annual expenditure of \$230,000.00 (including tax)
Background/History: The current medical supply purchasing contract is in its fifth, and final extension year for purchase of medical supplies. Expiration of the current medical supply purchasing contract requires the City of Spokane to conduct another bid to establish a new contract and assure that medical supplies are purchased in the most economically prudent manner.	
Executive Summary: The Spokane Fire Department purchases durable and one-time use medical supplies in the provision of prehospital emergency care to citizens and visitors of Spokane. These supplies are essential to providing quality care to sick and injured people. The current five-year medical supply purchasing agreement expires on December 31, 2021. The Fire Department developed a medical supply bid specification document and the invitation to respond to the bid was advertised and distributed to vendors. Sealed bids were opened on August 31, 2021. BoundTree Medical and LifeAssist were the only vendors that fully responded to the bid. QYK Brands and Venous Tech both submitted partial responses for specialty items and were deemed to be non-responsive to the bid. LifeAssist was the lowest, responsive bidder. A thorough review of all responsive bids was conducted to assure that the supplies identified in responsive bids were consistent with what the Spokane Fire Department uses in accordance with Spokane County EMS Protocols.	
Budget Impact: Approved in current year budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Annual/Reoccurring expenditure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If new, specify funding source: DOE Grant Other budget impacts: (revenue generating, match requirements, etc.) See related SBO	
Operations Impact: Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Specify changes required: Known challenges/barriers:	

Bid Response Summary

Bid Number RFQ 5542-21
Bid Title EMS MEDICAL SUPPLIES AND PHARMACEUTICALS -As Needed (Re-Bid)
Due Date Tuesday, November 23, 2021 3:00:00 PM [(UTC-08:00) Pacific Time (US & Canada)]
Bid Status Closed to Bidding
Company ZOLL Medical Corporation
Submitted By Contract Department - Tuesday, November 23, 2021 1:32:29 PM [(UTC-08:00) Pacific Time (US & Canada)]
 bids@zoll.com 9784219655
Comments

Question Responses

Group	Reference Number	Question	Response
Default Item Group			
	#1	ADDENDA. Indicated how many Addenda bidder acknowledges receipt of.	2
BACKGROUND			
	#1	The City of Spokane Fire Department, located at W 44 Riverside Avenue, Spokane WA 99201, is initiating this request for quotes to solicit Bids from vendors who have a proven ability to provide EMS Medical Supplies meeting the specifications of this Request for Quotes.	I agree and I acknowledge
SUBMISSION OF BIDS			
	#1	Bid Responses shall be submitted electronically through the City of Spokane's bidding portal: https://spokane.procureware.com on or before the Due Date and time mentioned above. Hard, e-mailed or faxed copies and/or late bids shall not be accepted.	I agree and I acknowledge
	#2	The City of Spokane is not responsible for bids electronically submitted late. It is the responsibility of the Bidder to be sure the bids are electronically submitted sufficiently ahead of time to be received no later than 9:00 a.m. Pacific Local Time, on the bid opening date.	I agree and I acknowledge

#3	All communication between the Bidder and the City upon receipt of this bid shall be via the "Clarification Tab" within ProcureWare. Any other communication will be considered unofficial and non-binding on the City of Spokane.	I agree and I acknowledge
INTERPRETATION		
#1	INTERPRETATION If the Bidder discovers any errors, discrepancies or omissions in the Quote specifications, or has any questions about the specifications, the Bidder must notify Purchasing in writing. Any corrections issued by the Purchaser will be incorporated into the contract or purchase order.	I agree and I acknowledge
WITHDRAWAL OF QUOTES		
#1	WITHDRAWAL OF QUOTES Bidders may withdraw Quote prior to the scheduled Quote due date and time. Unless otherwise specified, no Quotes may be withdrawn for a minimum of sixty (60) calendar days after the due date.	I agree and I acknowledge
EVALUATION OF QUOTES		
#1	EVALUATION OF QUOTES Evaluation of Quotes shall be based upon the following criteria, where applicable.	I agree and I acknowledge
#2	The price, including sales tax and the effect of discounts. Price may be determined by life cycle costing or total cost quoting, when advantageous to the Purchaser.	I agree and I acknowledge
#3	The quality of the items quoted, their conformity to specifications and the purpose for which they are required.	I agree and I acknowledge
#4	The Bidder's ability to provide prompt and efficient service and/or delivery.	I agree and I acknowledge
#5	The character, integrity, reputation, judgment, experience and efficiency of the Bidder.	I agree and I acknowledge

#6	The quality of performance of previous contracts or services.	I agree and I acknowledge
#7	The previous and existing compliance by the Bidder with the laws relating to the contract or services.	I agree and I acknowledge
#8	Uniformity or interchangeability.	I agree and I acknowledge
#9	The energy efficiency of the product throughout its life.	I agree and I acknowledge
#10	Any other information having a bearing on the decision to award the contract.	I agree and I acknowledge
QUOTING ERRORS		
#1	QUOTING ERRORS. When, after the opening and tabulation of Quotes, a Bidder claims error, and requests to be relieved of award, Bidder will be required to promptly present certified work sheets. The Purchaser will review the work sheets and if the Purchaser is convinced, by clear and convincing evidence, that an honest, mathematically excusable error or critical omission of costs has been made, the Bidder may be relieved of his Quote.	I agree and I acknowledge
REJECTION OF QUOTES		
#1	REJECTION OF QUOTES The Purchaser reserves the right to reject any or all Quotes; to waive minor deviations from the specifications, to waive any informality in Quotes received, whenever it is in the Purchaser's best interest, and to accept or reject all or part of this Quote at prices shown.	I agree and I acknowledge
AWARD OF CONTRACT		

#1	<p>AWARD OF CONTRACT Award of contract or purchase, when made, will be to the Bidder whose Quote is the most favorable to the Purchaser, taking into consideration price and the other evaluation factors.</p> <p>INTERLOCAL AND STATE CONTRACTS WHERE APPLICABLE WILL BE CONSIDERED AS A QUOTE. Any order resulting from award will be submitted by Purchasing. Unsuccessful Bidders will not automatically be notified of Quote results.</p>	I agree and I acknowledge
PAYMENT TERMS		
#1	<p>Supplier acknowledges that unless agreeing to payment by credit card with no additional fee, payment shall be made via direct deposit/ACH (except as provided by state law) after receipt of the goods/services ordered. A completed ACH application is required before a City order will be issued. If the City objects to all or any portion of an invoice, it shall notify the supplier and reserve the right to pay only that portion of the invoice not in dispute. In that event, all parties shall immediately make every effort to settle the disputed amount.</p>	I agree and I acknowledge
#2	<p>Supplier agrees to accept payment by Credit Card with no additional charges/fees</p>	Yes
BIDDER INFORMATION		
#1	Company Name	ZOLL Medical Corporation
#2	<p>Please provide Name, Telephone Number & e-mail address of person who is preparing the response to this Invitation to Bid.</p>	Audra Tella +1 978-303-4106 atella@zoll.com
#3	<p>Person acknowledges Vendor will confirm compliance with all instructions, terms, and conditions of this RFQ, to furnish items at the prices stated.</p>	I agree and I acknowledge

#3.1	Bidder accepts has read and acknowledges compliance with Terms and Conditions. If answer is "I don't agree and I don't acknowledge", include requested exception in proposal submittal on separate page and title as "Exception to Terms and Conditions". The City will consider and determine if exception will be accepted.	I don't agree and I don't acknowledge
ORGANIZATION		
#1	Organization: Bidder Should Enter If Proposal Is of an Individual, Partnership, Corporation, and Existing Under The Laws of What US State. Enter Information Here	Corporation in Massachusetts
CITY OF SPOKANE BUSINESS REGISTRATION REQUIREMENT		
#1	Section 8.01.070 of the Spokane Municipal Code states that no person may engage in business with the City without first having obtained a valid annual business registration. The Bidder shall be responsible for contacting the State of Washington Business License Services at http://bls.dor.wa.gov or 1-800-451-7985 to obtain a business registration.	I agree and I acknowledge
#2	City of Spokane Business Registration Number	601089616
#3	If Bidder does not believe it is required to obtain a business registration, it may contact the City's Taxes and Licenses Division at (509) 625-6070 to request an exemption status determination.	I agree and I acknowledge
PROPRIETARY INFORMATION/PUBLIC DISCLOSURE		
#1	All materials submitted to the City in response to this competitive procurement shall become the property of the City.	I agree and I acknowledge

#2	<p>All materials received by the City are public records and are subject to being released pursuant to a valid public records request. Washington state law mandates that all documents used, received or produced by a governmental entity are presumptively public records, and there are few exemptions. RCW Ch. 41.56.</p>	I agree and I acknowledge
#3	<p>When responding to this competitive procurement, please consider that what you submit will be a public record. If you believe that some part of your response constitutes legally protected proprietary information, you MUST submit those portions of your response as a separate part of your response, and you MUST label it as "PROPRIETARY INFORMATION." If a valid public records request is then received by the City for this information, you will be given notice and a 10-day opportunity to go to court to obtain an injunction to prevent the City from releasing this part of your response. If no injunction is obtained, the City is legally required to release the records.</p>	I agree and I acknowledge
#4	<p>The City will neither look for nor honor any claims of "proprietary information" that are not within the separate part of your response.</p>	I agree and I acknowledge
ADDITIONAL ITEMS		
#1	<p>The City of Spokane reserves the right to purchase additional items at the quoted price. Supplier agrees to sell at the same price, terms and conditions.</p>	Yes
ORIGINAL PRODUCT/EQUIPMENT MANUFACTURER		

#1	<p>State name(s) and address(es) of Original Equipment Manufacturer (OEM) and distributors (if applicable) to be used in the production and delivery of your product.</p>	<p>ZOLL Medical Corporation 269 Mill Road Chelmsford, MA 01824 Masimo 52 Discovery Irvine, CA 92618</p>
MINORITY BUSINESS ENTERPRISE		
#1	<p>Vendor (is ____, is not ____) a Minority Business Enterprise. A Minority Business Enterprise is defined as a "business, privately or publicly owned, at least 51% of which is owned by minority group members." For purpose of this definition, minority group members are Blacks, Hispanics, Asian Americans, American Indian or Alaskan Natives, or Women.</p>	Is Not
SMALL BUSINESS		
#1	<p>Vendor (is ____, is not ____) a small business concern. (A small business concern for the purpose of government procurement is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operations in which it is bidding on government contracts, and can further qualify under the criteria concerning number of employees, average annual receipts, or other criteria as prescribed by the Small Business Administration).</p>	Is Not
NON-COLLUSION		
#1	<p>The Bidder certifies that his/her firm has not entered into any agreement of any nature whatsoever to fix, maintain, increase or reduce the prices or competition regarding the items covered by this RFQ</p>	I Certify No Agreement Was Entered
INTERLOCAL PURCHASE AGREEMENTS		

	#1	<p>The City of Spokane has entered into Interlocal Purchase Agreements with other public Agencies pursuant to chapter 39.34 RCW. In submitting a response, the Proposer agrees to provide its services to other public Agencies at the same contracted price, terms and conditions it is providing to the City of Spokane, contingent upon the Firm's review and approval at the time of a requested contract. The Firm's right to refuse to enter into a contract with another public Agency at the time of request shall be absolute.</p>	Yes
DEFINITIONS			
	#1	Bidder - one who submits a bid.	I agree and I acknowledge
	#2	Vendor - Bidder to whom contract or purchase order is awarded.	I agree and I acknowledge
	#3	Purchaser - City of Spokane and other government agencies (Pursuant to RCW 39.34).	I agree and I acknowledge
	#4	Destination-Delivery - Delivery to Purchaser's building location and includes uncrating and installation.	I agree and I acknowledge
	#5	Until Further Notice - Any time in excess of sixty (60) days from bid due date.	I agree and I acknowledge
	#6	Cost - Total cost of ownership based on the best available information.	I agree and I acknowledge
ACCEPTANCE PERIOD			
	#1	Bidders must provide a minimum of sixty (60) Calendar Days for acceptance by the City from the due date for receipt of Bids.	I agree and I acknowledge
CONTRACT PERIOD			
	#1	The contract shall be for a five (5) year period beginning on January 1, 2022 and terminating on December 31, 2026. The total contract period not to exceed five (5) years.	I agree and I acknowledge
DISCOUNT PERCENTAGES			
	#1	Discount percentages offered will remain unchanged throughout the life of the contract.	I don't agree and I don't acknowledge

PCB CERTIFICATION		
#1	In accordance with SMC 7.06.172(A), the Bidder certifies that the products bid and to be supplied (to include product packaging) do not contain polychlorinated biphenyls (PCB's). Moreover and consistent with SMC 7.06.172(B), the City of Spokane, at its sole discretion, may require (at no cost to the City) the apparent successful bidder to provide testing data (prior to contract execution or issue of purchase order) from an accredited laboratory or testing facility documenting the proposed products and or product packaging polychlorinated biphenyl levels.	Don't Know
#2	As far as you know has this type product been tested for PCBs by a WA State accredited lab using EPA Method 1668c (or equivalent as updated)?	Don't Know
#3	If so were PCBs found at a measurable level?	Don't Know
#4	As far as you know has this actual product been tested for PCBs by a WA State accredited lab using EPA Method 1668 (or equivalent as updated)?	Don't Know
#5	If so attach the results or note from whom the results can be obtained.	
#6	Do you have reason to believe the product contains measurable levels of PCBs?	No
#7	Do you have reason to believe the product packaging contains measurable levels of PCBs?	No
SPECIFICATIONS - GENERAL INSTRUCTIONS		
#1	These specifications will establish minimum acceptable requirements attempting to take advantage of latest developments.	Yes

#2	The items to be furnished by the Vendor on this bid must be of the latest possible design and production.	I agree and I acknowledge
#3	Time is of the essence in the performance of this contract after a delivery schedule is established. Delivery time shall be a consideration of awarding this contract.	I don't agree and I don't acknowledge
#4	A link to on-line Catalogs must be included with bid proposal forms.	I agree and I acknowledge
#4.1	Enter Link(s) to here:	https://zollwebstore.com/?SID=e47988a138848933bf7c20aa21113e62
#5	References must be included with bid proposal forms.	I agree and I acknowledge
#6	Bidders shall have an account representative that will call on the City of Spokane on a regular basis, will track the orders placed by the City of Spokane and be available to the City of Spokane at all times. Please list the name, address, telephone number and e-mail address of the person who would be the account representative for the City of Spokane.	Amy Turley 269 Mill Road Chelmsford, MA 01824 253-820-5490 aturley@zoll.com
#7	Bidder should be aware that Bids may be rejected if all questions are not completely and correctly answered.	I agree and I acknowledge
SPECIFICATIONS - SPECIAL INSTRUCTIONS		
#1	It shall be the Vendor's responsibility to conform to all Federal Standards for certification.	I agree and I acknowledge
#2	The following specifications are the minimum acceptable specifications and failure to comply may be used as a basis for rejection of the bid.	Yes
#3	The City reserves the right to accept or reject any part of or all bids and to accept the bid deemed to be in the best interest of the City.	I agree and I acknowledge

#4	Bidders must complete the blanks on "Attachment A (Revised 11-3-2021)" to indicate compliance or state exception.	I agree and I acknowledge
#5	Bid must include prices for all items within a group or City may deem you non-responsive.	I agree and I acknowledge
#6	All prices quoted shall be F.O.B. Destination. For purposes of bid comparison, unit prices will be extended and a total price shown for all bid items. While price extensions are required as a matter of convenience, in the event of an error in extensions the unit price shall govern.	I don't agree and I don't acknowledge
#7	The City does not bind itself to purchase the full quantities stipulated in the proposal as estimates. The quantities shown represent past purchasing activity and estimates of future usage, and are given for the purpose of comparing bids on a uniform basis. Payment will be made only for quantities actually ordered, delivered and accepted, whether greater or less than the stated amounts. Quantities listed on proposal are based on a one (1) year estimate.	I agree and I acknowledge
#8	Any contract awarded shall not be exclusive to the winning bidder. The City reserves the right to purchase items from another vendor if doing so is advantageous to the City.	I agree and I acknowledge
#9	Vendors must be prepared to have adequate stock available for immediate delivery.	I agree and I acknowledge
#9.1	Shipments must be received within seventy-two (72) hours after the receipt of order or as agreed to by both parties for the EMS Medical Supplies items. The City of Spokane Fire Department will accept weekend deliveries. Delivery shall be to The City of Spokane Fire Department, 44 W Riverside Avenue, Spokane, WA 99201.	I don't agree and I don't acknowledge

#9.2	Excessive back orders and out-of-stock conditions shall not be acceptable. If vendor does not deliver ordered items within the specified timeframe, the City may purchase the items elsewhere. Repeated delivery failures may be cause for contract termination.	I agree and I acknowledge
#10	Bidders may offer equivalent products to those specified except where "no substitutes" is indicated. If the bidder proposes to furnish an item, which it claims to be of equal value to the brand or manufacturer named, it shall submit samples of those items with the bid together with supporting product data and other details sufficient to permit the proper evaluation. SINCE THIS IS A RE-BID - IF YOU PROVIDED SAMPLES OF THE ALTERNATES YOU ARE PROPOSING FOR THE FIRST BID - YOU DO NOT NEED TO SUBMIT NEW SAMPLES WITH THIS BID.	I agree and I acknowledge
#10.1	Samples must be mailed to: Fire Station #1, 44 W Riverside Avenue, Spokane, WA, 99201, Attn: Kurt Vande Vanter. Referencing the quote # and bidder's company name	I agree and I acknowledge
#10.1.1	Samples must be received prior to the bid quote due date.	I agree and I acknowledge
#10.1.2	Bidders must indicate on Attachment A (Revised 11-3-2021), what sample items have been sent, by entering "yes" in the Sample Sent column in regard to each substitute item that was sent.	I agree and I acknowledge
#10.2	Did Bidder send samples?	No
#11	All products are to be warranted against all defects in parts and/or workmanship. The vendor shall replace products that are found to be defective or substandard at no additional cost to the City.	I agree and I acknowledge
#12	The vendor shall notify the City of Spokane Fire Department of the following:	Yes

#12.1	Any problems regarding good manufacturing practices in the production of the product.	I agree and I acknowledge
#12.2	Any problems with compliance with any applicable requirement of these specifications.	I agree and I acknowledge
#12.3	Any recalls of the product.	I agree and I acknowledge
#12.3.1	Any product in possession of the City of Spokane Fire Department that is identified to be of the same batch, lot, etc., as product recalled or identified as prone to malperformance or failure shall be replaced by the vendor at no additional cost to the City.	I agree and I acknowledge
#12.4	Any changes affecting the form, fit, or function of the product.	I agree and I acknowledge
#12.5	Any information received from manufacturers about long-term production delays including projected dates to resume production of the item. The City reserves the right to seek other vendors in the event that production delays may impact delivery of patient care.	I agree and I acknowledge
#13	The City will notify vendor as soon as possible of product quality or performance problems. For some products, deficiencies may be determined by use in the field.	I agree and I acknowledge
#14	The vendor shall furnish a quarterly customer activity sheet for the City of Spokane Fire Department account.	I agree and I acknowledge
#15.1	The activity sheet shall list:	Yes
#15.1.1	The items supplied by name and description.	I agree and I acknowledge
#15.1.2	The total number of items supplied to date.	I agree and I acknowledge
#15.1.3	The dollar amounts for each item supplied to date.	I agree and I acknowledge
#15.1.4	Total dollar amount charged to date.	I agree and I acknowledge
#15.2	The quarterly customer activity sheet shall be sent to The City of Spokane Fire Department, W. 44 Riverside Avenue, Spokane, WA 99201, ATTN: Michael Lopez.	I agree and I acknowledge

#16	The vendor shall furnish The City of Spokane Fire Department, a summary of all items supplied under this contract during each fiscal year ending December 31st.	I agree and I acknowledge
#16.1	The summary must identify the items by name and description, the total quantity of each item delivered, and the total charged for that quantity.	I agree and I acknowledge
#16.2	Supplies with a limited shelf life shall have an expiration date of no less than twelve (12) months from the time of delivery to the City of Spokane Fire Department.	I agree and I acknowledge
#17	Vendor shall have the ability to receive orders electronically by either internet e-mail, internet on-line ordering or fax.	I agree and I acknowledge
#18	Vendor shall have an Inventory Software Management System that meets the following specifications:	Yes
#18.1	Inventory Software Management Specifications:	Yes
#18.1.1	#18.1.1 The Inventory Management System utilized by the Fire Department is Operative IQ. The winning bidder shall pay for Operative IQ license, that would be used throughout the life of the resulting five-year contract. The winning bidder shall provide all on-site technical support, inclusive of training, in-servicing, refresher courses and delivery training, to any and all personnel deemed necessary by the City of Spokane Fire Department. The winning bidder will be required to have the Inventory Management system completely operational within two (2) months of being awarded the bid. The successful bidder shall enter all equipment and supply data into the system for the system to be operational to the SFD's expectations.	I don't agree and I don't acknowledge

#18.1.1.1	The City of Spokane owns the vending machines. The vending machines are only used for medication dispensing and not for EMS supplies.	I don't agree and I don't acknowledge
#18.2	Overall Description:	Yes
#18.2.1	The inventory management software must be web based software that allows for the receiving and issuing of equipment and supplies. It must also be able to expand in order to assist with supply and equipment management and tracking of multiple vehicles and stations within the department. The vehicle inventory management program must accommodate the entire Spokane Fire Department response fleet of up to 50 vehicles and up to 20 locations.	I don't agree and I don't acknowledge
#18.2.2	The system must be in a hosted environment by the vendor. No onsite computer servers or IT support will be provided by the City of Spokane. Data Back-ups shall be provided by the vendor however, in the event that the winner of this bid should lose the contract in the future, the City of Spokane reserves the right to retain any and all software data placed into the system prior to and up to contract termination as well as the software licenses.	I don't agree and I don't acknowledge
#18.3	The product must have the following capabilities:	Yes
#18.3.1	Compliant with existing City of Spokane IT infrastructure	I don't agree and I don't acknowledge
#18.3.2	System Configuration Tools	I don't agree and I don't acknowledge
#18.3.3	Manage Levels of Access (Security)	I don't agree and I don't acknowledge
#18.3.4	Ability to Manage Multiple Supply Rooms	I don't agree and I don't acknowledge
#18.3.5	Supply Room Inventory Management	I don't agree and I don't acknowledge
#18.3.6	Supply Request Management	I don't agree and I don't acknowledge
#18.3.7	Supplier Management	I don't agree and I don't acknowledge
#18.3.8	Create Supplier Purchase Orders	I don't agree and I don't acknowledge
#18.3.9	Receive Supplies against Supplier Purchase Orders	I don't agree and I don't acknowledge

#18.3.10	Automatic Email Notifications / Reporting	I don't agree and I don't acknowledge
#18.3.11	Bar Code Printing and Software	I don't agree and I don't acknowledge
#18.3.12	Two Handheld Wireless Scanners with wireless internet-capabilities. The scanner interface must have the ability to Scan Issued Inventory, Scan Received Inventory, Scan Transfer of Inventory, and Integrate with the Supply Room.	I don't agree and I don't acknowledge
#18.3.13	Electronic Inventory Reports must be user configurable, must be able to export into multiple formats(At a minimum: Excel, PDF, CSV, HTML), must be able to provide reports such as: Total Inventory, Inventory Variance, Usage, Expired Items, Track Expiration Dates, Financial Reports on Expired Medications, Vehicle Maintenance Reports, Mileage, Vehicle Fix Requests, Damage, Preventative Maintenance, Asset Information.	I don't agree and I don't acknowledge
#18.3.14	Ability to Generate Reports: Adhoc Canned, Adhoc Custom, Scheduled Emailed	I don't agree and I don't acknowledge
#18.3.15	Equipment /Supply Check In – Check Out Manager with the availability to issue equipment to an employee and the check the equipment back in at a later time, Notify when items are overdue for check in.	I don't agree and I don't acknowledge
#18.3.16	User Interface for the Inventory of Vehicles and Equipment (Touch Screen Ready Interface, Sealed and Unsealed Cabinet Verification, Expired Drug Notification, Vehicle Inventory Manager.	I don't agree and I don't acknowledge
#18.3.17	Supply Request Manager	I don't agree and I don't acknowledge
#18.3.18	Expired Drug Notification	I don't agree and I don't acknowledge
#18.3.19	Vehicle Inventory Manager	I don't agree and I don't acknowledge

#18.3.20	Vehicle Maintenance Checklist should include but no be limited to such information as Personnel, Mileage, Pre-Shift inspection Checklist, Fuel Level, Lost/Damaged Equipment Noted, and Notification of scheduled Preventative Maintenance dates.	I don't agree and I don't acknowledge
#18.3.21	Vehicle Inspection History	I don't agree and I don't acknowledge
#18.3.22	Electronic Inventory Requests	I don't agree and I don't acknowledge
#18.3.23	Mange Fixed Assets with information such as Purchase Date, Asset #, Serial #, Preventative Maintenance Requirements, Notification of PM Dates, and the ability to Attach Files to Asset.	I don't agree and I don't acknowledge
#18.3.24	Must provide User Documentations such as User Manual and Administrator Manual.	I don't agree and I don't acknowledge
#18.3.25	All Hardware must Interface with Software; Bar Code Printers, Wireless Handheld Scanners, Desktop Computer, Laptop Computer, etc.	I don't agree and I don't acknowledge
#18.3.26	Security Requirements must include but no be limited to Identity Authentication Requirement, Automatic Timed Log Off and Security Privilege Management.	I don't agree and I don't acknowledge
DELIVERY - F.O.B. Delivery Point		
#1	F.O.B. Delivery Point: City of Spokane Fire Department, W 44 Riverside Avenue, Spokane WA 99201	I don't agree and I don't acknowledge
#2	Risk of Loss. Vendor agrees to bear all risks of loss, injury or destruction of items ordered herein which occur prior to delivery; such loss, injury or destruction shall not release Vendor from any obligation hereunder.	I don't agree and I don't acknowledge
PRICING		

#1	<p>PRICING - FIRM PRICE: Pricing submitted shall be firm throughout the first year of the contract period, 1/1/2022 – 12/31/2022, during this period no increase in contract prices shall be allowed. Price increases can be requested at the anniversary date of the contract. Any proposed price increases must be fully-documented and justified by the vendor (i.e., proof of increased manufacturer costs). The City of Spokane reserves the right to cancel the contract if the escalation of price is not advantageous to the City.</p>	I agree and I acknowledge
#2	<p>PRICE DECREASES: During the contract period, price decreases at manufacturer's and wholesaler's levels shall be reflected in a contract price reduction to the Purchaser retroactive to the Vendor's effective date.</p>	I don't agree and I don't acknowledge
#3	<p>FREIGHT: All freight expenses shall be the responsibility of the winning vendor</p>	I don't agree and I don't acknowledge
#4	<p>SALES TAX: The City will apply applicable tax to Bidder's response when tabulating bids. Vendor acknowledges the City of Spokane is not a tax exempt entity and is therefore obligated to pay sales tax under Washington State law. Therefore, all submissions will be tabulated with the applicable sales tax rate whether that tax shall be charged through the supplier or paid by the City as use tax</p>	I agree and I acknowledge
#4.1	<p>UNIT PRICE: Should not include tax.</p>	I agree and I acknowledge
#5	<p>ATTACHMNET A, RFQ 5542-21. Download Addendum A, Complete, and , Upload Here</p>	ATTACHMENT A AMENDED (Revised 11-18-21) (Autosaved).xls
#6	<p>PRICING TAB: Transfer sub totals from Attachment "A" onto Pricing Tab.</p>	I agree and I acknowledge

2	SUB TOTAL AIRWAY NEEDS (BLS & ALS) GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00	\$0.001	\$0.00	no bid
3	SUB TOTAL INFECTION CONTROL GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00	\$0.001	\$0.00	no bid
4	SUB TOTAL SPINAL PRECAUTIONS GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00			no bid
5	SUB TOTAL TRAUMA GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00			no bid
6	SUB TOTAL VITALS GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00			no bid
7	SUB TOTAL ECG LP 15 MONITORING GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00	\$17,878.00	\$17,878.00	
8	SUB TOTAL 02 ADMINISTRATION GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00			no bid
9	SUB TOTAL MISCELLANEOUS GROUP. Transfer subtotal from Attachment "A" and enter here.	Base	Subtotal from Attachment "A"	1.00			no bid
Total Base Bid		\$17,878.00					

City of Spokane
Fire Department



RFQ 5542-21

EMS Medical Supplies and
Pharmaceuticals - As Needed

DUE: 11/23/2021 - 3:00 PM

SUBMITTED BY:

ABOUT LIFE-ASSIST

OUR STORY

Stan Davis founded Life-Assist in 1977 to provide first responders with the same attention and dedication that they devote to others when on the job. Our mission of "**Helping Heroes Save Lives,**" is based on this concept and it drives everything we do today. We consistently deliver exceptional service because at Life-Assist, the **customer always comes first.**

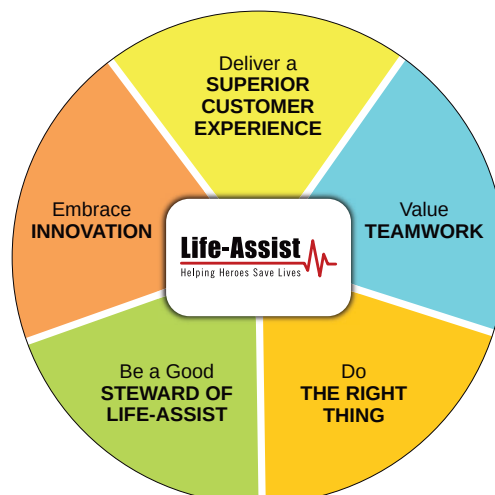
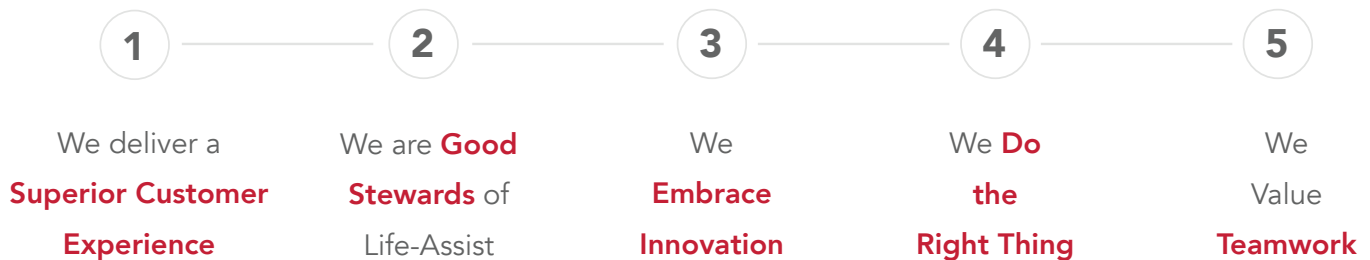
This differentiator sets Life-Assist apart from other EMS distributors. Life-Assist cares about its customers and it shows. Even in today's digital age, no phone trees exist at Life-Assist. Friendly and knowledgeable Customer Care Specialists greet our customers personally and exceed their expectations by taking the time to listen and satisfy their specific needs with the **highest quality solutions.** For more than **40 years,** this emphasis on customer satisfaction has established our company as one of the **nations' largest distributors of EMS supplies.**

About Life-Assist

OUR COMMITMENT

As one of the **nation's largest distributors of emergency medical supplies, equipment and EMS pharmaceuticals**, we pride ourselves on responding to the ever-changing needs of the EMS professional and constantly strive to stay informed about the current procedures and equipment used in the pre-hospital environment. Our mission is to ensure complete satisfaction with the ordering experience and to provide medical equipment and supplies to EMS providers with honesty, integrity, and outstanding customer care. Should a problem arise, our customer care team will promptly resolve the issue.

OUR CORE VALUES



FEATURES OF LIFE-ASSIST'S SUPERIOR CUSTOMER EXPERIENCE

CUSTOMER CARE ADVANTAGE

- Customers are always greeted by one of our trained and knowledgeable Customer Care Specialists when calling during business hours; **no phone trees**
- Full-service website, making it easy to order EMS supplies, with the opportunity to provide ordering oversight within EMS agencies

SHIPPING BENEFITS

- Orders ship complete with a **99%** accuracy rate
- **Same Day Shipping** when orders are placed by 4 p.m. local time
- **Free Shipping** with no minimum order

ORDERING EASE

- **Easy to use** website
- Inventory management solutions available
 - Operative IQ
 - Apex Vending Solutions
- Streamlined ordering process using **Smart Supply** List on website

PRODUCT VALUE

- **Full line** of **quality** EMS and pharmaceutical products
- All manufacturer **warranties** honored, and any warranty issues **facilitated**
- Regular **business reviews** conducted with **low cost** options provided

DEDICATED SUPPORT TEAM

Life-Assist believes that it is important to provide an extensive support system to our customers that starts at the local level for immediate needs. We want to build relationships with our customers based on mutual trust, which starts with having someone in your area who you can meet with face to face, someone who will listen to your needs and expectations and provide you with a personalized solution.

Dedicated Support Team

GROUND SUPPORT



CHAD MARSH

Account Manager

chad.marsh@life-assist.com

Chad's experience in the EMS industry spans 30 years and he has been handling the Spokane contract for 16 years. The key to Chad's success is his ability to create relationships with customers and provide valuable information relating to products, protocols and procedures used in the industry. He ensures that his customers receive the quality products they need at the best possible price. A natural problem solver, Chad resolves all customer concerns quickly and efficiently.



CHERIE PRIOR

Director of Sales

cherie.prior@life-assist.com

With over 30 years of experience in the EMS industry, Cherie can anticipate customers' needs and makes sure her account managers in the Western region of the United States have all the tools necessary to fulfill them. She works closely with Chelsea and Customer Care to ensure that you consistently receive the highest level of service and support.



BRYAN HOLLIDAY

VP of Sales & Marketing

bryan.holliday@life-assist.com

Bryan is part of the executive leadership team at Life-Assist. He leads our Sales, Customer Care, Contracts and Products teams, as well as being involved with Marketing and Vendor Relations. He has been at Life-Assist for over six years and is responsible for the complete satisfaction of our customers. He is part of the Emergency Disaster Support team and is committed to providing first responders with service that is differentiated from others in the EMS industry.

Dedicated Support Team

INTERNAL SUPPORT



KORTNIE SILVEIRA

Customer Care Manager
customercare@life-assist.com

The customer care team, headed by Kortnie Silveira, has years of experience serving customers in EMS. This group of exceptionally knowledgeable and friendly customer care advisors is available to answer any questions, take and track orders, as well as handle any order or product issues during the work week. You can contact the team Monday through Friday, from 6:30 am to 5 pm.



CHERISE AKERS

Contracts Manager
quotes@life-assist.com

Cherise manages contracts and ensures compliance. Her over 20 years of experience in the EMS industry has established her as an expert on contract issues in this field. When overseeing contracts, Cherise's primary concern is for our customers' best interest. She is available for any questions you may have.



SARA KIMBLE

Products Manager
products@life-assist.com

Sara worked for over 10 years as a paramedic and functioned as a preceptor and EMT instructor as well. She brings over 7 years of experience at Life-Assist reviewing and researching products to ensure Life-Assist is offering the best products and support to provide a superior experience for our customers. Sara oversees our Products Department that includes team members with Paramedic and EMS backgrounds who are ready to assist with any questions you may have.

HOURS OF OPERATION

Life-Assist's official hours of operation are:

TIME ZONE	OPEN	CLOSED
PACIFIC TIME ZONE	6:30AM	5PM
CENTRAL TIME ZONE	8:30AM	7PM
EASTERN TIME ZONE	9:30AM	8PM

We are available 24 hours a day / 7 days a week in the case of an emergency. You can contact us by phone Monday through Friday during operating hours. You will be answered by real people, no phone trees exist at Life-Assist.

See Disaster Support Program information for afterhours emergency contact.

ORDERING INFORMATION



INTERNET

Orders can be placed, and pricing verified **24 hours a day, 7 days a week** on our website www.life-assist.com



EMAIL

Orders may be emailed to our Customer Care Department at customercare@life-assist.com



OPERATIVE IQ

Life-Assist is **fully integrated** with Operative IQ, so orders can be submitted, and pricing can be verified on this platform



PHONE

Call us at **1-800-824-6016**. We are available to take your call Monday-Friday.



ONLINE CHAT

Our **online chat** features allows orders to be placed and questions to be answered via our online chat



FAX

Orders can be faxed to our office 24 hours a day, 7 days a week at 800-290-9794



MAIL

Orders can be mailed to our office:
Life-Assist, Inc., 11277 Sunrise Park Drive, Rancho Cordova, CA 95742

Ordering Information

ONLINE ORDERING

To place an order online, a customer must be registered on the Life-Assist website and have an account. All **pricing will be uploaded** to the online account. Additional items can be added at the **discount rate** specified on the bid. Requests can be sent to Life-Assist for official quotes, to another individual within the ordering agency for approval or can be submitted to Life-Assist directly for processing, depending on how the agency has set up the account.

The Life-Assist website displays **real-time pricing and availability** for all our products. Contract items are easily identified with a green background shown under the price. Adding to a contract is as easy as a click of the mouse.

Online account management allows a user to access and/or modify account information, receive shipments, check on backorder status, create supply lists, lock down users, access the Drug Supply Chain Portal and multiple purchasing reports.

Our website also features a "**Smart Supply List**", which provides a list of all the items that have been ordered within the last 90 days for easy reordering.

Our website includes many **unique features** that allow users to manage their accounts **24/7**:

- View your agency's **pricing on all items** and request quotes online 24/7
- **Custom** supply lists can be created to maintain continuity and eliminate ordering errors: they can also be downloaded for inventory purposes
- User defined fields can be added to make ordering simple
- Approval or review through the chain of command
- Create a **Master Administrator** to manage all users on the account, which can make changes and/or restrict a user's ordering capabilities
- View **invoice** history, **tracking** information, **backorder** status and account activity

A **detailed** presentation can be provided upon request.

Ordering Information

ORDERING THROUGH INVENTORY MANAGEMENT SYSTEMS

Operative IQ

Life-Assist's system **integrates** with the **Operative IQ** Operations Management Software, which allows users to **quickly and easily** determine where their items are located, when they expire, how much is used and when supplies should be re-ordered. Operative IQ offers several different licensing options to fit the needs of EMS agencies.

Operative IQ information attached. A **detailed** presentation can be provided upon request.



Apex Vending Solutions and Operative IQ Integration

Apex Vending Solutions **communicates seamlessly** with Operative IQ allowing you to use both systems together for inventory management and resupply. Safely secure your items in the Apex Vending Solutions and let Operative IQ do the rest.

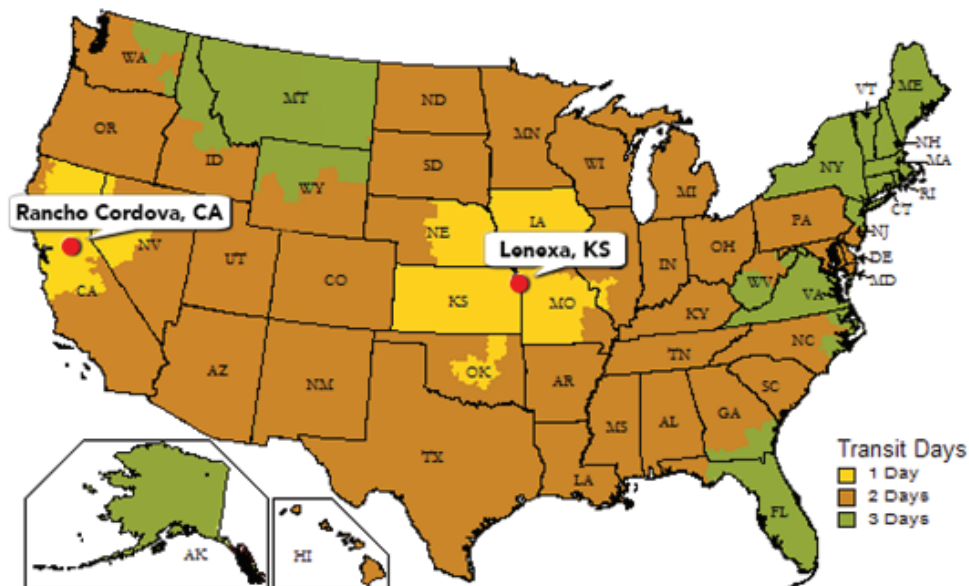
Apex Vending Solutions also works as stand-alone inventory management options using their web-based software **Trajectory Cloud**.

Apex Vending Solutions information attached. A **detailed** presentation can be provided upon request.

DELIVERY & DISTRIBUTION

LOCATIONS AND SHIPPING

With two distribution centers, one at our headquarters in Rancho Cordova, CA, and the other in Lenexa, KS, Life-Assist offers 2 to 3 business day delivery across the United States. The Western Distribution Center in Rancho Cordova, CA will be the primary warehouse for your agency, providing **2-day delivery**. All orders placed by 4pm PST will ship out the **same day**. Life-Assist primarily ships Federal Express, however large shipments may be sent by a trucking company. All standard ground orders are shipped with **free freight**.



Life-Assist Distribution

Western Distribution Center
11277 Sunrise Park Drive
Rancho Cordova, CA 95742
Approx: 75,000 sq ft

Central Distribution Center
10816 Strang Line Road
Lenexa, KS 66216
Approx: 50,000 sq ft

RETURNS & WARRANTY

GENERAL RETURN POLICY

We want you to be 100% satisfied with your purchase. If a product does not meet your specifications, you may return the item in its original packaging, in resalable condition, within 30 days for full credit.

Prior to returning any purchase, please contact Customer Care at (800) 824-6016 or email CustomerCare@life-assist.com to obtain a return authorization number. To expedite the process, have your shipping or invoice document available for reference.

Returned merchandise must be sent freight prepaid and received in new, resalable condition.

If a damaged shipment is received, please note the extent of the damage to the carrier at the time of delivery. Keep all boxes and packaging materials and immediately contact Customer Care at (800) 824-6016 or email CustomerCare@life-assist.com.

RETURN POLICY FOR SPECIAL ORDERS

Some goods, such as special-order items and items over 90 days old, etc. may not be eligible for credit. If we make an error in filling or shipping your order, we will promptly rectify the mistake at no cost to you. Please note that refrigerated items cannot be returned.

WARRANTY

Life-Assist is an authorized distributor for all items we provide. We honor all manufacturer warranties and will help facilitate any warranty issues that may arise. Life-Assist stands behind the products we provide and will ensure 100% satisfaction for the products purchased through us.

REFERENCES



CITY OF COLUMBUS DIVISION OF FIRE

4252 Groves Road
Columbus, OH 43232
Scott Ellis
(614) 221-3132 Ext 75987
seellis@columbus.gov



CANYON COUNTY PARAMEDICS

6116 Graye Ln.
Caldwell, ID. 83607
Danielle Seever
(208) 488-2109
dseever@ccparamedics.com



SACRAMENTO METRO FIRE

3012 Gold Canal
Rancho Cordova, CA 95670
Mark Jones
(916) 859-4374
jones.mark@smfd.ca.gov



TUALATIN VALLEY FIRE & RESCUE

9991 Avery St.
Tualatin, OR 97062
Jess Fuellas
(503) 649-2706
fuellajj@tvfr.com



LIFE-A-1

OP ID: TB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 916-773-4560 Foothill Valley Insurance 13 Sierragate Plaza Ste.A Roseville, CA 95678 Tyla A Belton		CONTACT NAME: Tyla A Belton PHONE (A/C, No, Ext): 916-773-4560 FAX (A/C, No): 916-773-4583 E-MAIL ADDRESS: tyla.b@foothillvalley.com	
INSURED Life Assist, Inc. 11277 Sunrise Park Drive Rancho Cordova, CA 95742		INSURER(S) AFFORDING COVERAGE INSURER A: Admiral Insurance Company INSURER B: Berkshire Hathaway Homestate INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24856 20044	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CA000002500-20	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA000002500-20	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			GX000001897-03	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	LIWC217528	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: For Information Purposes Only

CERTIFICATE HOLDER

CANCELLATION

FORIN-1 For Information Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Tyla A Belton</i>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Life-Assist, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

11277 Sunrise Park Drive

6 City, state, and ZIP code

Rancho Cordova, CA 95742

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

9 4 - 2 4 4 0 5 0 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

01/01/2011

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

DETACH BEFORE POSTING



STATE OF
WASHINGTON
Corporation

BUSINESS LICENSE

Unified Business ID #: 601653867
Business ID #: 001
Location: 0001

LIFE-ASSIST, INCORPORATED
11277 SUNRISE PARK DR
RANCHO CORDOVA, CA 95742

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

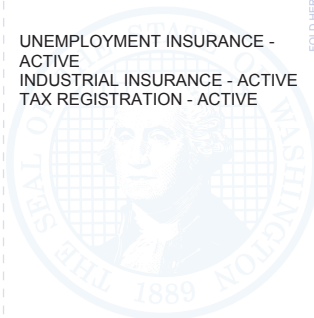
A handwritten signature in cursive script that reads "Vicki Smith".

Director, Department of Revenue

UBI: 601653867 001 0001

LIFE-ASSIST, INCORPORATED
11277 SUNRISE PARK DR
RANCHO CORDOVA, CA 95742

UNEMPLOYMENT INSURANCE -
ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE



A handwritten signature in cursive script that reads "Vicki Smith".

Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

IMPORTANT!

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE POSTING THIS LICENSE

General Information

- Post this Business License in a visible location at your place of business.
- If you were issued a Business License previously, **destroy the old one and post this one in its place.**
- All endorsements should be renewed by the expiration date that appears on the front of this license to avoid any late fees that may apply.

If there is no expiration date, the endorsements remain active as long as you continue required reporting (see Endorsements).

- Login to **My DOR** at business.wa.gov/BLS if you need to make changes to your business name, location, mailing address, telephone number, or business ownership.

Telephone: 1-800-451-7985

Endorsements

Although tax registration, unemployment, and industrial insurance endorsements appear on your Business License, the registration with the agencies that govern these endorsements is not complete until they have established an account for your business.

Each registering agency requires you to submit periodic reports. Each agency will send you the necessary reporting forms and instructions.

Corporations, limited liability companies, etc.

You must submit a Business License Application **and** file with the Corporations Division of the Secretary of State before you can legally operate as a corporation, limited liability company, or other business organization type that requires registration. If you have any questions, call (360) 725-0377.

For assistance or to request this document in an alternate format, visit <http://business.wa.gov/BLS> or call 1-800-451-7985. Teletype (TTY) users may use the Washington Relay Service by calling 711.

BLS-700-107 (04/14/16)

Washington State Department of Health

This organization

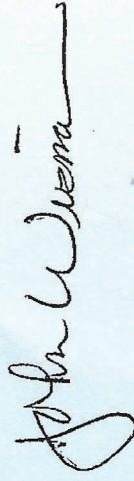
Life Assist Inc

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: Life Assist Inc

Located at: 11277 Sunrise Park Dr
Rancho Cordova, CA 95742-6528



Secretary

Status
ACTIVE

Effective Date
10/01/2020

Credential Number
PHWH.FX.60282408

Expiration Date
09/30/2021

Washington State Department of
Health

Washington State Department of Health

This organization

Life Assist Inc

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

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Located at: **11277 Sunrise Park Dr
Rancho Cordova, CA 95742-6528**

Credential Number
PHWH.FX.60282408

Status
ACTIVE

Effective Date
10/01/2021

Expiration Date
09/30/2022



Secretary



STATE OF
WASHINGTON

RESELLER PERMIT

Washington State Department of Revenue

PO Box 47476 • Olympia, WA 98504-7476 • 1-800-647-7706

601 653 867
LIFE-ASSISTINCORPORATED
11277 SUNRISE PARK DR
RANCHO CORDOVA, CA 95742-6528

Permit Number: A05 2489 21

Effective Date: 01-01-2018
Expiration Date: 12-31-2021

Business Activities:

ALL OTHER MISCELLANEOUS STORE RETAILERS (EXCEPT TOBACCO STORES)

This permit can be used to purchase:

- Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

This permit cannot be used to purchase:

- Items for personal or household use
- Promotional items or gifts
- Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- Materials and contract labor for speculative building

This permit is no longer valid if the business is closed.

The business named on this permit acknowledges:

- It is solely responsible for all purchases made under this permit
- Misuse of the permit:
 - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)
 - May result in this permit being revoked

Notes (optional): _____

Important: The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.

IMPORTANT

Please read the following information carefully.

Step 1: Provide paper or electronic copies to sellers from which you make purchases.

Step 2: Keep your original reseller permit on file.

If you have a change in business structure (e.g. sole proprietor, partnership/corporation), you will need to reapply for a new permit under your new tax registration number.

For a complete list of approved uses for your reseller permit, please refer to RCW 82.04.060 and RCW 82.04.050.

Purchases for Dual Purposes

If you don't know at the time of purchase whether item(s) will be consumed or resold, you must purchase according to the general nature of your business.

- If your business principally (more than 50 percent) consumes the item(s), you should not use a reseller permit for that purchase.
- If your business principally resells the item(s), you may use a reseller permit and then report use tax on the item(s) consumed.

Contractor Information

Contractors may not use the permit for the following types of transactions:

- Purchase/rental of equipment or tools
- Purchase of supplies that do not become an ingredient or component part of the project (e.g. sandpaper, masking tape, saw blades, etc.)
- Purchase of materials and contract labor for public road construction or U.S. government contracting
- Purchase of all materials and contract labor for speculative building

Definitions

Materials and Contract labor

"Materials" refers to items that become part of real property built or improved, such as lumber, concrete, paint, wiring, pipe, insulation, nails, screws, drywall, etc. This does not include consumable supplies, tools, or equipment rentals.

"Contract labor" refers to contractors and subcontractors hired to perform construction services. The purchase of contract labor refers to the total amount charged by a contractor or subcontractor.

Retail/Wholesale construction

"Retail/Wholesale construction" refers to the constructing, repairing, decorating, or improving of new or existing buildings or other structures under, upon, or above real property. Retail/Wholesale construction does not include U.S. government contracting, public road construction, or speculative building.

Public road construction

"Public road construction" refers to a prime contractor or subcontractor building, repairing, or improving a roadway owned by the federal government, municipal corporation, or political subdivision. Public road construction does not include the building, repairing, or improving a roadway owned by the state of Washington; this is a retail/wholesale construction activity.

Speculative building

"Speculative building" refers to the construction of buildings for sale or rental by a person or entity upon real estate owned by that person or entity.

U.S. government contracting

"U.S. government contracting" refers to businesses performing construction or improvements to real property of, or for, the United States or a city/county housing authority. It includes construction and repairs to structures, clearing land, and moving earth.

More Information

Application forms and complete information are available online at dor.wa.gov or by calling 1-800-647-7706.

Seller Information

A seller accepting a reseller permit will not be held liable for any uncollected sales tax.

The seller must keep a copy of the reseller permit in its records for five years after its last use.

Verification of Permit Use

The Department of Revenue checks reseller permit purchases regularly. Misuse of a permit may result in additional penalties (including 50% misuse penalty) and/or possible revocation of the permit.



DESCRIPTION	SUBS	MFG	CATALOG	EST.	UOM	UNIT	EXTENDED	SUBSTITUTE	SAMPLE SENT ?
	YES/NO	REORDER #	REORDER #	QTY		PRICE	PRICE		
						PER uom	(est qty x unit price)		
I.V. NEEDS									
Sample pricing I have indicated in red next to each description how we are expecting each item to be packaged. So on the first item 100/cs... we are expecting pricing for 20 cs of 100. If your item is packaged differently we want pricing for the quantity we are expecting to receive so we can compare apples to apples				10	cs	\$1.00 (per case)	\$ 10.00		
AMSWO AMSAFE EXTENSION SET W/ MALE LUER PRN ADAPTER 100/CS	YES			20	cs	\$245.00	\$ 4,900.00	IV407T	
EXEL MULTISAMPLE LUER HOLDER 100 PCS/BAG	YES	26530	601027	40	bg	\$5.80	\$ 232.00	IT4815	Sample sent with Previous Bid
EXEL MULTJECT MULTISAMPLE LUER ADAPTER, 100/BX	YES	26537	357290	40	bx	\$13.00	\$ 520.00	IT7290A	
VACCUTAINER BRAND BLUE TOP BLOOD TUBES 100/BX	YES	366415	366415	40	bx	\$22.00	\$ 880.00	IT363083	
VACCUTAINER BRAND LAVENDER TOP BLOOD TUBES PLASTIC 4ML	YES	357861	357861	40	bx	\$7.50	\$ 300.00	IT367861	
VACCUTAINER BRAND RED TOP BLOOD TUBES 5ML 100/BX	YES	366434	366434	40	bx	\$20.00	\$ 800.00	IT367814	
VACCUTAINER BRAND GREEN TOP BLOOD TUBE 4ML LITHIUM/HEPARIN	YES	367884	367884	40	bx	\$35.00	\$ 1,400.00	IT367884	
VACCUTAINER BRAND GOLD TOP BLOOD TUBES 100/BX	YES	G0869	G0869	40	bx	\$41.00	\$ 1,640.00	IT367983	
CLEARSAFE COMFORT SAFETY IV CATHETERS 14 GAUGE X 1 1/4 INCH	YES	MS-84214	353048	3	bx	\$71.00	\$ 213.00	IT3048	
CLEARSAFE COMFORT SAFETY IV CATHETERS 16 GAUGE X 1 1/4 INCH	YES	MS-84216	353042	5	bx	\$71.00	\$ 355.00	IT3042	
PROTECTIVE IV CATHETERS 18 GAUGE X 1 1/4 INCH 50/BX	YES	MS-84218	353055	85	bx	\$71.00	\$ 6,035.00	IT3055	
PROTECTIVE IV CATHETERS 20 GAUGE X 1 1/4 INCH 50/BX	YES	MS-84220	353056	8	bx	\$71.00	\$ 568.00	IT3056	
PROTECTIVE IV CATHETERS 22 GAUGE X 1 INCH 50/BX	YES	MS-84222	353050	4	bx	\$71.00	\$ 284.00	IT3050	
PROTECTIVE IV CATHETERS 24 GAUGE X 3/4 INCH 50/BX	YES	MS-84224	353053	3	bx	\$71.00	\$ 213.00	IT3053	
DONOVAN INDUSTRIES TOURNIQUET STRAPS 1"x18" FLAT LATEX 250/BX	YES	LXS-118	N/A	9	Bx	\$25.88	\$ 232.92	TQ3139	Sample sent with Previous Bid
BAXTER LACTATED RINGER SOLUTION 1000mL 12/CS	YES	602324X		20	cs	\$47.40	\$ 948.00	SL7953-09	
BAXTER LACTATED RINGER SOLUTION 500mL 24/CS	YES	602323		3	cs	\$68.40	\$ 205.20	SL7501	
BAXTER LACTATED RINGER SOLUTION 250mL 24/CS	YES	602325		15	cs	\$92.40	\$ 1,386.00	BAXT 2B2322Q	
12 GA X 3" BD ANGIOCATH IV CATHETER 1/EA	YES	602830	N/A	4	ea	\$6.35	\$ 25.40	IT2277	
BAXTER 1000ML 0.9% SODIUM CHLORIDE IV SOLUTION 12/CS	YES	601324X	601324X	3	cs	\$46.20	\$ 138.60	SL1324X	
BAXTER 500ML 0.9% SODIUM CHLORIDE IV SOLUTION 18/CS	YES	601323		3	cs	\$58.50	\$ 175.50	SL1323	
BAXTER 250ML 0.9% SODIUM CHLORIDE IV SOLUTION 24/CS	YES	601322	601322	4	cs	\$75.60	\$ 302.40	SL1322	
SODIUM CHLORIDE 0.9% 3ML INHALER 2110 1/EA	YES	4.95E+11	NS5251	24	ea	\$0.09	\$ 2.16	OM20039	
SODIUM CHLORIDE, 0.9% 3ML, SALINE FOR FLUSH, CARPUJECT LL 1/EA	YES	LN03	000744191832	200	ea	\$0.48	\$ 96.00	DR3065-45	Carpject on long term backorder, Syringe approved as Sub
AMSINO AMSAFE-3 NON-VENTED IV SET W/ 10,15, 60 DROP/ML									
SELECTABLE DRIP CHAMBER W/ 6" ATTACHED EXTENSION SET 50/CASE	YES	D38302		20	cs	\$225.00	\$ 4,500.00	IV38302	
3M TEGADERM TRANSPARENT DRESSING 6.0 X 7.0 CM, 100/BX	YES	81624	081624	20	bx	\$30.00	\$ 600.00	IT1624W	
18GA BLUNT CANNULA 100/BK	YES	G4210		10	bx	\$33.00	\$ 330.00	IT5211	
TERUMO HYPODERMIC NEEDLES, 18 GAUGE X 1 1/2 INCH, 100/BX	YES	626420	626420	5	bx	\$5.00	\$ 25.00	IT18GA	

TERUMO HYPODERMIC NEEDLES, 20 GAUGE X 1 1/2 INCH, 100/BX	YES	622038	622038	5	bx	\$20.00	\$	100.00	IT4284	
POVIDONE-IODINE, 10% U.S.P., PREP PADS, DYNAREX 100/BX	YES	1108	609153	40	bx	\$4.00	\$	160.00	AL10	
STERILE ALCOHOL PREP PADS, 70%, KENDALL, 200/BX	YES	6818	606818	60	bx	\$1.60	\$	96.00	AL1	
EXEL LUER LOCK SYRINGE, 50CC, 25/BX	YES	26300		5	bx	\$11.75	\$	58.75	IT50CCLLA	
TERUMO LUER LOCK SYRINGE, 20 CC, 50/BX	YES	SS20L	620020	6	bx	\$10.00	\$	60.00	IT20CCLL	
TERUMO LUER LOCK SYRINGE, 10 CC, 100/BX	YES	SS10L	620010	6	bx	\$10.00	\$	60.00	IT10CCLL	
TERUMO LUER LOCK SYRINGE, 5 CC, 100/BX	YES	SS05L	620005	6	bx	\$10.00	\$	60.00	IT5CCLL	
TERUMO 1 CC SYRINGE, 27 GAUGE X 1/2 INCH, 100/BX	YES	SS01T2713	621364	3	bx	\$8.50	\$	25.50	EXEL 26040	
ACCU-CHECK SAFETY LANCET 200/BX	YES	170951	170195	10	bx		\$	-		Removed per Q&A
OMNIFIX 3ML SYRINGE 100/BX	YES			4	bx	\$6.00	\$	24.00	IT3CC	
ETHOX MEDICAL DISPOSABLE 1000ML PRESSURE INFUSER INFU-SURG/STAT 5/BX	YES			8	bx	\$76.25	\$	610.00	IP4010	
SUB TOTAL I.V. NEEDS GROUP							\$	28,561.43		
AIRWAY NEEDS (BLS & ALS)										
COOPER SURGICAL NEO-FIT NEONATAL TUBE GRIP 20/BX	NO	42-2540		2	bx	\$200.00	\$	400.00	COOP 42-2540	
LAERDAL THOMAS ET HOLDER ADULT, 25/PK	YES	600-00001	020500	8	bx	\$66.25	\$	530.00	AC170	
LAERDAL THOMAS ET HOLDER PEDIATRIC, 25/PK	YES	400	020400	6	bx	\$66.25	\$	397.50	AC180	
ENDOTRACHEAL TUBE INTRODUCER (BOUGE TYPE) COUDE TIP 10/pk	NO	9-01212-70	9-01212-70	8	pk	\$68.50	\$	548.00	AC90212	
RUSCH ENDOTRACHEAL SLICK STYLETTE, 7-10 MM, ADULT 25/BX	YES	1000	020404	1	bx	\$75.00	\$	75.00	AC800	
RUSCH ENDOTRACHEAL SLICK STYLETTE, 4-6.5 MM, CHILD 25/BX	YES	750	020405	1	bx	\$68.75	\$	68.75	AC810	
RUSCH ENDOTRACHEAL SLICK STYLETTE, 2-3.5 MM, PEDIATRIC/NEONATE 25/BX	YES	500	020406	1	bx	\$71.25	\$	71.25	AC820	
CURAPLEX ENDOTRACHEAL TUBE, SIZE 2.5 UNCUFFED 10/BX	YES	2113-10325	100382025	2	bx	\$15.50	\$	31.00	AE8825	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 3.0 CUFFED 10/BX	YES	2113-10230	100382030	2	bx	\$15.50	\$	31.00	AE8830	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 3.5 CUFFED 10/BX	YES	2113-10235	100382035	2	bx	\$15.50	\$	31.00	AE8835	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 4.0 CUFFED 10/BX	YES	2113-10240	100382040	2	bx	\$15.50	\$	31.00	AE8840	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 5.0 CUFFED 10/BX	YES	2113-10250	100382050	2	bx	\$15.50	\$	31.00	AE8850	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 6.0 CUFFED 10/BX	YES	2113-10260	112082060	3	bx	\$18.00	\$	54.00	AE9960	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 6.5 CUFFED 10/BX	YES	2113-10265	112082065	3	bx	\$18.00	\$	54.00	AE9965	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 7.0 CUFFED 10/BX	YES	2113-10270	112082070	15	bx	\$18.00	\$	270.00	AE9970	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 7.5 CUFFED 10/BX	YES	2113-10275	112082075	15	bx	\$18.00	\$	270.00	AE9975	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 8.0 CUFFED 10/BX	YES	2113-10280	112082080	15	bx	\$18.00	\$	270.00	AE9980	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 8.5 CUFFED 10/BX	YES	2113-10285	112082085	15	bx	\$18.00	\$	270.00	AE9985	Sample sent with Previous Bid
CURAPLEX ENDOTRACHEAL TUBE, SIZE 9.0 CUFFED 10/BX	YES	2113-10290	112082090	10	bx	\$18.00	\$	180.00	AE9990	Sample sent with Previous Bid
INTUBRITE E-CLASSIC HANDLE 1/EA	NO	1012E		10	ea	\$110.00	\$	1,100.00	LY31012	
4.5V ALKALINE BATTERY 1/EA	YES	1055		10	ea	\$17.25	\$	172.50	LY31055	
INTUBRITE MILLER 00 DISPOSABLE LED BLADES 10/BX	NO	1039		1	bx	\$56.50	\$	56.50	LY31039	
INTUBRITE MILLER 0 DISPOSABLE LED BLADES 10/BX	NO	1030		1	bx	\$56.50	\$	56.50	LY31030	
INTUBRITE MILLER 1 DISPOSABLE LED BLADES 10/BX	NO	1031		1	bx	\$56.50	\$	56.50	LY31031	
INTUBRITE MILLER 2 DISPOSABLE LED BLADES 10/BX	NO	1032		2	bx	\$56.50	\$	113.00	LY31032	
INTUBRITE MILLER 3 DISPOSABLE LED BLADES 10/BX	NO	1033		2	bx	\$56.50	\$	113.00	LY31033	

INTUBRITE MILLER 4 DISPOSABLE LED BLADES 10/BX	NO	1034		1	bx	\$56.50	\$	56.50	LY31034	
INTUBRITE MAC 0 DISPOSABLE LED BLADES 10/BX	NO	1020		1	bx	\$56.50	\$	56.50	LY31020	
INTUBRITE MAC 1 DISPOSABLE LED BLADES 10/BX	NO	1021		1	bx	\$56.50	\$	56.50	LY31021	
INTUBRITE MAC 2 DISPOSABLE LED BLADES 10/BX	NO	1022		1	bx	\$56.50	\$	56.50	LY31022	
INTUBRITE MAC 3 DISPOSABLE LED BLADES 10/BX	NO	1023		3	bx	\$56.50	\$	169.50	LY31023	
INTUBRITE MAC 4 DISPOSABLE LED BLADES 10/BX	NO	1024		3	bx	\$56.50	\$	169.50	LY31024	
KING VISION SCREEN/KIT 1/EA	NO	2144-KV311		4	ea	\$1,100.00	\$	4,400.00	LY001D	
KING VISION CHANNELED BLADE DISPOSABLE 10/CS	NO	2144-KV033		3	cs	\$400.00	\$	1,200.00	LY003C	
KING VISION UNCHANNELED BLADE DISPOSABLE 10/BX	NO	2144-KV031		3	bx	\$400.00	\$	1,200.00	LY003	
DISPOSABLE RESUSCITATION MASK, ADULT, RED RING, AMBU 20/CS	YES	520711000B	535255	10	cs	\$32.00	\$	320.00	OM2055	
DISPOSABLE RESUSCITATION MASK, TODDLER, GREEN RING, AMBU	YES	530213000B	535248	1	cs	\$32.00	\$	32.00	OM2054	
DISPOSABLE RESUSCITATION MASK, INFANT, YELLOW RING, AMBU	YES	530212000B	535270	1	cs	\$32.00	\$	32.00	OM2053	
DISPOSABLE RESUSCITATION MASK, INFANT, PINK RING, AMBU 20/CS	YES		531278	1	cs	\$32.00	\$	32.00	OM2052	
DISPOSABLE RESUSCITATION MASK, NEONATE, WHITE RING, AMBU	YES		020506	1	cs	\$32.00	\$	32.00	OM2051	
INTERSURGICAL INC I-GEL SIZE 1 10/BX	NO	8201000		2	bx	\$140.00	\$	280.00	AC8201	
INTERSURGICAL INC I-GEL SIZE 1.5 10/BX	NO	8215000		2	bx	\$140.00	\$	280.00	AC8215	
INTERSURGICAL INC I-GEL SIZE 2 10/BX	NO	8202000		2	bx	\$140.00	\$	280.00	AC8202	
INTERSURGICAL INC I-GEL SIZE 2.5 10/BX	NO	8225000		5	bx	\$140.00	\$	700.00	AC8225	
INTERSURGICAL INC I-GEL O2 RESUS PACK SIZE 3 6/BX	NO	8703030		6	bx	\$138.00	\$	828.00	AC8703	
INTERSURGICAL INC I-GEL O2 RESUS PACK SIZE 4 6/BX	NO	8704030		8	bx	\$138.00	\$	1,104.00	AC8704	
INTERSURGICAL INC I-GEL O2 RESUS PACK SIZE 5 6/BX	NO	8705030		8	bx	\$138.00	\$	1,104.00	AC8705	
YANKAUER SUCTION TIP W/CONTROL VENT, 50/CS	YES	297	320025	4	cs	\$22.50	\$	90.00	OH4690	
SUCTION CANISTER 48/CS	YES	594410		4	cs	\$120.00	\$	480.00	OK1200	
SUCTION TUBING, STERILE, 1/4 INCH X 6 FT, 50/CS	YES	DYND50246	D4808	4	cs	\$42.50	\$	170.00	MEDL DYND50246	
SUCTION CATHETER W/CONTROL TIP, 6 FR, 50/ CS	YES	320006	320006	1	cs	\$12.00	\$	12.00	OK3606	
SUCTION CATHETER W/CONTROL TIP, 10 FR, 50/ CS	YES	320010	320010	1	cs	\$12.00	\$	12.00	OK3610	
SUCTION CATHETER W/CONTROL TIP, 14 FR, 50/ CS	YES	320014	320014	1	cs	\$12.00	\$	12.00	OK3614	
SUCTION CATHETER W/CONTROL TIP, 18 FR, 50 CS	YES	320018	320018	1	cs	\$12.00	\$	12.00	OK3618	
MECONIUM ASPIRATOR LATEX FREE 40/CS	YES	590101	590101	1	cs	\$170.00	\$	170.00	OK0101	
DYNAREX DUAL CHANNEL AIRWAY, NO. 1 INFANT, 43 MM 1/EA	YES		021001	10	ea	\$0.17	\$	1.70	AA01	Sample sent with Previous Bid
DYNAREX DUAL CHANNEL AIRWAY, NO. 2 CHILD, 60 MM 1/EA	YES		021002	20	ea	\$0.17	\$	3.40	AA02	Sample sent with Previous Bid
DYNAREX DUAL CHANNEL AIRWAY, NO. 3 SMALL ADULT, 80 MM 1/EA	YES		021003	30	ea	\$0.17	\$	5.10	AA03	Sample sent with Previous Bid
DYNAREX DUAL CHANNEL AIRWAY, NO. 4 MEDIUM ADULT, 90 MM 1/EA	YES		021004	50	ea	\$0.17	\$	8.50	AA04	Sample sent with Previous Bid
DYNAREX DUAL CHANNEL AIRWAY, NO. 5 LARGE ADULT, 100 MM 1/EA	YES		021005	100	ea	\$0.17	\$	17.00	AA05	Sample sent with Previous Bid
DYNAREX DUAL CHANNEL AIRWAY, NO. 6 X-LARGE ADULT, 110 MM 1/EA	YES		021006	50	ea	\$0.17	\$	8.50	AA06	Sample sent with Previous Bid
SSCOR VX-2 SUCTION UNIT 1/EA	NO	2310V	595005	2	ea	\$895.00	\$	1,790.00	OK2310BV	
LAERDAL V-VAC SUCTION UNIT STARTER KIT 1/EA	NO	985000	590100	12	ea	\$85.00	\$	1,020.00	OK100	
LEARDAL V-VAC REPLACEMENT SUCTION CARTRIDGE 80/CS	NO	985001	590200	36	cs	\$1,720.00	\$	61,920.00	OK200	
LEARDAL V-VAC ADAPTER TIPS 4/PK	NO	985002	590300	10	pk	\$26.25	\$	262.50	OK300	
LAERDAL V-VAC TUBES 4/PK	NO	590400	590400	10	pk	\$12.95	\$	129.50	OK304	
LAERDAL V-VAC DOUBLE MALE ADAPTER 10/PK	NO	590350	590350	5	pk	\$6.50	\$	32.50	LAER 985003	

BEMIS 1200CC SUCTION CANISTER WITH AEROSTAT FILTER, FLOAT VALVE SHUTOFF 48/CS	YES	434410	484410	4	cs	\$120.00	\$	480.00	OK1200	
RUSCH QUICKTRACH ADULT, 4.0 MM 1/EA	YES	120900040	020040	4	ea	\$130.00	\$	520.00	AT99	
RUSCH QUICKTRACH CHILD, 2.0 MM 1/EA	YES	120900020	020041	4	ea	\$130.00	\$	520.00	AT98	
ADJUSTABLE FLANGE NASOPHARYNGEAL AIRWAYS KIT 1/EA	YES	ASSTD ITEMS	020055	5	ea	\$21.25	\$	106.25	AB300K	Sample sent with Previous Bid
MAGILL INTUBATING FORCEPS, ADULT 1/EA	YES	400008	400008	4	ea	\$4.31	\$	17.24	IN375	
MAGILL INTUBATING FORCEPS, PEDIATRIC 1/EA	YES	400007	400007	4	ea	\$4.31	\$	17.24	IN374	
LIDOCAINE JELLY 2% 5ML 25/BX	YES	17478-711-30	379200	5	bx	\$200.00	\$	1,000.00	DR0711-31	
VALVE, TEE ADAPTER FOR CPAP 1/EA	YES	313-2230	412060	25	ea	\$2.15	\$	53.75	OM2061	
RESCUER II COMPACT CPAP SYSTEM LARGE MASK 6/CS	NO	BLS-8800		5	cs	\$187.50	\$	937.50	OC8800	
RESCUER II COMPACT CPAP SYSTEM MEDIUM MASK 6/CS	NO	BLS-8805		5	cs	\$187.50	\$	937.50	OC8805	
CPAP VALVE, 7.5 CM H2O, 22MM 1/EA	YES	9.89803E+11	202-8-208507	20	ea	\$8.00	\$	160.00	OM8507	
NORTH AMERICAN RESCUE CYCLONE BVM 1/EA	NO	2442-01910		6	ea	\$55.00	\$	330.00	KIT0019	
CURAPLEX EMERGENCY SURGICAL CRIC KIT 1/EA	YES	660383		4	ea	\$57.50	\$	230.00	IVV15AA	Sample sent with Previous Bid
SUB TOTAL AIRWAY NEEDS (BLS & ALS) GROUP							\$	89,136.68		
INFECTION CONTROL										
HYDROGEN PEROXIDE 3%, 16 OZ BOTTLE 12/CS	YES	0869-0871-43	600629	3	cs	\$6.00	\$	18.00	MD55	
1.5 SAFETY GLASSES 6/BX		PSB1810XXX		3	bx	\$55.80	\$	167.40	IC1615	Sample sent with Previous Bid
KENDALL P2 SHARPS SHUTTLE, LOCKING, 24/BX	YES	R4147D	8301	6	bx	\$32.40	\$	194.40	ISDART	
BIO-HAZARD BAGS, RED, 23 IN X 23 IN, 1.5 ML, 7-10 GAL, 500/CS	YES	F116	290116	8	cs	\$50.00	\$	400.00	BH116	
SPECIMAN TRANSPORT BAGS, 9 INCH BACK-POCKET, ZIPPER SEAL, ISOPROPYL RUBBING ALCOHOL 70%, 16 OZ BOTTLE, 24/CS	YES	ML 66 BHP	291479	2	cs	\$49.00	\$	98.00	BH30261	
KENDALL 5 QT SHARPS CONTAINER, 20/CS	YES	N/A	201001	3	cs	\$36.00	\$	108.00	AL5	
KENDALL 1 QT SHARPS-A-GATOR, 100/CS	YES	3291	8509SA	2	cs	\$83.00	\$	166.00	IS4838TR	
FACE COVER SPIT SOCK 1/EA	YES	4820	311453675	3	cs	\$175.00	\$	525.00	IS8900	
		800-541-1552	1033-1552	10	ea	\$2.65	\$	26.50	PA100	
SUB TOTAL INFECTION CONTROL GROUP							\$	1,703.30		
SPINAL PRECAUTIONS										
AMBU PERFIT ACE, ADJUSTABLE, CERVICAL COLLAR 30/CS	YES	000281000	260281	10	cs	\$148.50	\$	1,485.00	CXACE	
AMBU PERFIT MINI ACE, ADJUSTABLE, CERVICAL COLLAR 30/CS	YES	000281106	260280	4	cs	\$148.50	\$	594.00	CXMINI	
LAERDAL HEADBED II CID, HEAD IMMOBILIZER, 100/CS	YES	982000	260209	5	cs	\$385.00	\$	1,925.00	SY100	
KEDRICK K.OD E. VEST (KED SLED) 1/EA	YES	KE705	KE705	1	ea	\$120.00	\$	120.00	SW101	
SPYDER STRAPS 1/EA	YES	EP-506		1	ea	\$68.50	\$	68.50	SX5622	
SUB TOTAL SPINAL PRECAUTIONS GROUP							\$	4,192.50		
TRAUMA										

ACE-TYPE BANDAGE, ELASTIC, 6"X4.5 YARDS 50/CS	YES	10635		1	cs	\$42.50	\$	42.50	BE506	
12 INCH CARDBOARD SPLINTS W/O FOAM, MORRISON MEDICAL PRODUCTS 1/EA	YES	1502	660005	40	ea	\$0.40	\$	16.00	SS120WF	
18 INCH CARDBOARD SPLINTS W/FOAM, MORRISON MEDICAL PRODUCTS 1/EA	YES	1550	660002	40	ea	\$1.26	\$	50.40	DICK 61018MFF	
35 INCH CARDBOARD SPLINTS W/FOOT BOX, MORRISON MEDICAL PRODUCTS 1/EA	YES	1590	660004	40	ea	\$0.80	\$	32.00	SS360	
INSTANT HEAT HOT COMPRESSES, 6 IN X 9 IN 50/CS	YES	4298	954298	4	cs	\$27.50	\$	110.00	DI4516	
KWIK-KOLD INSTANT ICE PACK-KIT SIZED, 5 IN X 5.5 IN, 50/CS	YES	103	950103	6	cs	\$27.50	\$	165.00	DI7650	
AMMONIA INHALANT 100/BX	YES	110AI	900233	4	bx	\$20.00	\$	80.00	AM62	
MEDICUT PARAMEDIC SHEARS, BLACK, 7 1/2 IN 10/BX	YES	320	400005	8	bx	\$19.00	\$	152.00	IN001-BLK	
BLANKET HIGHWAY YELLOW, 60 IN X 90 IN, ROEHAMPTON 24/CS	YES	690BK	114100	2	cs	\$44.88	\$	89.76	BS7303A	
SPACE RESCUE BLANKET, 84 IN X 52 IN, 120/CS	YES	N/A	660549	1	cs	\$84.00	\$	84.00	BS10	
UTILITY BLANKET, 'THE HANDY ONE', GRAY, 60 IN W X 90 IN L, OWEN	YES	25853	118116	10	cs	\$30.00	\$	300.00	BS080	
TRIANGULAR BANDAGES, DYNAREX 40x40x56 12/PK	YES	3680	4910	10	pk	\$3.60	\$	36.00	BA5	
DUKAL CONFORMING STRETCH GAUZE BANDAGE, 3 IN X 4.1 YDS STRETCHED, 12 RLS/BG- 8 BG/CS	YES	603	080603	8	cs	\$10.56	\$	84.48	BJ603	
VASELINE GAUZE OCCLUSIVE DRESSING, PEEL-OPEN FOIL PACKET, 3 IN X 9 IN 200/CS	YES	150066K1	150066K1	1	cs	\$130.00	\$	130.00	BA416	
BAND-AID, WHITE CROSS, 100/BX - 12 BX/CS	YES	081595	4644	8	cs	\$18.00	\$	144.00	BA3602	Sample sent with Previous Bid
TAPE ADHESIVE, POROUS, 1 IN X 10 YARDS, J & J, ZONAS 12RLS/BX,	YES	5104	155104	3	cs	\$114.00	\$	342.00	TA2531	
TAPE ADHESIVE, POROUS, 2 IN X 10 YARDS, J & J, ZONAS 6RLS/BX,	YES	5106	155106	3	cs	\$126.00	\$	378.00	TA6613	
TAPE, SURGICAL, 3M TRANSPORE, 1 IN X 10 YARDS, 12 ROLLS/BX	YES	1527-1	151527	20	bx	\$10.20	\$	204.00	TA7827-1	
SELF-ADHERENT WRAP, 3M COBAN, 1 IN X 5 YARDS, TAN, 40 ROLLS/BX	YES	4281	084281	3	bx	\$36.80	\$	110.40	3M 1581	
SELF-ADHERENT WRAP, 3M COBAN, 3 IN X 5 YARDS, TAN, 12 ROLLS/BX	YES	4283	084283	6	bx	\$19.80	\$	118.80	BE3	
GAUZE PADS, 4 IN X 4 IN, STERILE, SINGLE PACKAGED, 12-PLY, DUKAL,	YES	1412	081412	30	bx	\$5.00	\$	150.00	BA1244	
ABDOMINAL (ABD) PADS, 5 IN X 9 IN, 36/BX	YES	7196	087196	20	bx	\$3.60	\$	72.00	BA5590	Sample sent with Previous Bid
MULTI-TRAUMA DRESSING, BOUNDTREE, 12 IN X 30 IN, 25/CS	YES	150062	150062	10	cs	\$17.00	\$	170.00	BA3050	Sample sent with Previous Bid
STERILE BURN SHEET, 60 IN X 96 IN, ROEHAMPTON 1/EA	YES	312	150300	5	ea	\$1.90	\$	9.50	BX3520	Sample sent with Previous Bid
BAXTER 1000ML POUR BOTTLE, 0.9% SODIUM CHLORIDE, 12/CS	YES	2F7124	607124	4	cs	\$33.36	\$	133.44	SL7124	
SAGAR S-304 BILATERAL ADULT 1/EA	YES	660202	660202	1	ea	\$395.00	\$	395.00	SP304	
SAM SPLINT 1/EA	YES	661121	661121	60	ea	\$4.25	\$	255.00	SAM SP1121	
SAM SLING PELVIC SPLINT 1/EA	YES		665567	10	ea	\$55.00	\$	550.00	SP556L	
KENDRICK TRACTION DEVICE 1/EA	YES	3020-26210		1	ea	\$130.00	\$	130.00	SP100262	
TRIAGE TAGS 100/PK	YES	3430-42004		1	pk	\$48.00	\$	48.00	TX922	Sample sent with Previous Bid
BURNTec DRESSING 4"X4" 1/EA	YES	30-0110		20	ea	\$3.85	\$	77.00	BA30110	
BURNTec DRESSING 16"X24" 1/EA	YES	30-0120		10	ea	\$48.00	\$	480.00	BU0120	
Z-FOLD DRESSING 1/EA	YES	150033		100	ea	\$3.65	\$	365.00	HH_HHPF	
HALO CHEST SEALS 1/EA	NO	1216-10000		100	ea	\$15.50	\$	1,550.00	TACT HALO	Only sold as a Pack of 2
H TRAUMA DRESSING 1/EA	NO	1121-484		50	ea	\$11.65	\$	582.50	HH_HBFF01	
ARS 14GA DECOMPRESSION NEEDLE 1/EA	NO	NARZZ-0056		75	ea	\$7.35	\$	551.25	AT0056	
CAT TOURNIQUET 1/EA	NO	1880-23315	150051	75	ea	\$21.25	\$	1,593.75	TQ0001-BLK	

SUB TOTAL TRAUMA GROUP									
								\$ 9,781.78	
VITALS									
BLOOD PRESSURE CUFF, LATEX, LARGE ADULT, PROSHPYG 775, NAVY BLUE 1/EA	YES	775X	170775X	10	ea	\$14.00	\$	140.00	SG3000XL
BLOOD PRESSURE CUFF, LATEX, ADULT, PROSHPYG 775, NAVY BLUE	YES	775	170775	40	ea	\$11.00	\$	440.00	SG3000
BLOOD PRESSURE CUFF, LATEX, CHILD, PROSHPYG 775, NAVY BLUE	YES	775C	170775C	5	ea	\$11.00	\$	55.00	SG3000SA
BLOOD PRESSURE CUFF, LATEX, INFANT, PROSHPYG 775, NAVY BLUE	YES	775I	170775I	5	ea	\$11.00	\$	55.00	SG3000C
CLASSIC II S.E., LITTMAN, STETHOSCOPE, GRAY 1/EA	YES	2201	172203	50	ea	\$76.50	\$	3,825.00	ST2144L
FINGERTIP PULSE OXIMETER 1/EA	YES	2711-74002		30	ea	\$36.25	\$	1,087.50	PO2100
SUB TOTAL VITALS GROUP									
								\$ 5,602.50	
ECG LP 15 MONITORING									
EKG PAPER, 100 MM, FOR LP15, 18 ROLLS/BX	YES	232023	232023	5	bx	\$29.70	\$	148.50	EL2394LP11
BLUE SENSOR ELECTRODES, ADULT, FOAM BACK, R, 25/PACK (OFFSET) 40 PKS/ CS	YES	R-00-S25	230026	15	cs	\$340.00	\$	5,100.00	EL8025R
4-WIRE ECG LIMB LEAD PHYSIO LP15 1/EA	YES	2743-01811		5	ea	\$325.00	\$	1,625.00	EL7018
6-WIRE ECG CABLE PHYSIO LP15 1/EA	YES	2743-02211		5	ea	\$135.00	\$	675.00	EL7022
MASIMO ADULT SPO2 SENSOR 1/EA	YES	2701-01701		30	ea	\$6.75	\$	202.50	PO6218A
MASIMO PEDS SPO2 SENSOR 20/ BX	YES	2712-02020		6	bx	\$135.00	\$	810.00	PO5218P
MASIMO RAINBOW CABLE 1/EA	YES	2712-03711		3	ea	\$85.00	\$	255.00	PO2406
MASIMO RED PATIENT CABLE 1/EA	YES	661433		30	ea	\$142.00	\$	4,260.00	PO2055
MICROSTREAM FILTERLINE SET CO2 SAMPLING LINE & AIRWAY ADAPTER 2M/7FT 1/EA	YES	174620		200	ea	\$9.50	\$	1,900.00	PO64620
MICROSTREAM SMART CAPNOLINE PLUS 2M/7FT 1/EA	YES	177653		200	ea	\$9.50	\$	1,900.00	PO69818
NIBP CUFF, ADULT 1/EA	YES	2615-11605		20	ea	\$28.50	\$	570.00	SG00015
NIBP CUFF, INFANT 1/EA	YES	2615-11601		4	ea	\$20.50	\$	82.00	SG00011
NIBP CUFF, LG ADULT 1/EA	YES	2615-11607		10	ea	\$23.00	\$	230.00	SG00017
NIBP CUFF, PEDS 1/EA	YES	2615-11603		5	ea	\$16.50	\$	82.50	SG00013
DEFIB PADS ADULT 10/BX	YES	R29710		30	bx	\$165.00	\$	4,950.00	EL60093
DEFIB PADS PEDS 10/BX	YES	R17300		5	bx	\$165.00	\$	825.00	EL60068
SUB TOTAL LP 15 MONITORING GROUP									
								\$ 23,615.50	
O2 ADMINISTRATION									
OXYGEN REGULATORS, 1 BARB, 2 DISS 1/EA	YES	D2302	D2302	3	ea	\$25.50	\$	76.50	OG8725
									Sample sent with Previous Bid

OXYGEN SEAL WASHER, BRASS/VITON, ALLIED HEALTHCARE PRODUCTS 50/BG	YES	86060-BR	380038	1	bg	\$22.50	\$	22.50	OT99	
PEDIATRIC NONREBREATHING MASK, 84 IN TUBING, 50/BX	YES	001269	411058	3	bx	\$50.00	\$	150.00	OM1058	
ADULT NONREBREATHING MASK, 84 IN TUBING, 50/BX	YES	1059	A010146	10	bx	\$47.50	\$	475.00	OM1059	
OXYGEN TUBING, PLASTIC, 84 INCH, 50/bx	YES	021115	021115	3	bx	\$18.00	\$	54.00	OM1301	Sample sent with Previous Bid
OXYGEN TUBING CONNECTORS, 50/BG	YES	020611	020611	3	bg	\$6.00	\$	18.00	OM1811	Sample sent with Previous Bid
LAERDAL, THE BAG, DISPOSABLE BAG MASK RESUSCITATOR - INFANT/CHILD W/HANDLE 1/EA	YES		OM-8500	16	ea	\$8.50	\$	136.00	OM5031	
LAERDAL, THE BAG, DISPOSABLE BAG MASK RESUSCITATOR - ADULT W/HANDLE 1/EA	YES		OM-8400	240	ea	\$8.50	\$	2,040.00	OM5011	
NASAL CANNULA, ADULT, OVER THE EAR, 50/BX	YES	001310	020604	10	bx	\$12.50	\$	125.00	OM24003	Sample sent with Previous Bid
AMBU SPUR II, DISPOSABLE RESUSCITATOR, INFANT 12/BX	YES			1	bx	\$150.00	\$	150.00	OM5300	
AMBU SPUR II, DISPOSABLE RESUSCITATOR, PEDIATRIC 12/BX	YES	530-212-000	533002	1	bx	\$114.00	\$	114.00	OM5200	
AMBU SPUR II, DISPOSABLE RESUSCITATOR W/MEDICATION PROT, ADULT W/RESERVOIR BAG & ADULT MASK 12/BX	YES	530-211-000	530200	20	bx	\$30.00	\$	600.00	OM2602A	
SMALL VOLUME NEBULIZER, AIRLIFE MISTY MAX 10, TEE ADAPTER, 7 FT TUBING, MOUTHPIECE, 6 IN FLEXTUBE, 50/CS	YES	002438	412038	2	cs	\$39.50	\$	79.00	OM2438	
NEBULIZER W/ELONGATED MASK & TUBING 50/CS	YES	1885	301-202EA	3	cs	\$50.00	\$	150.00	OM22885	
SUB TOTAL 02 ADMINISTRATION GROUP							\$	4,190.00		
MISC.										
CHINOOK MEDICAL NASO-ORO GASTRIC INSERTION KIT 1/EA	YES	2231-05007		10	ea	\$26.50	\$	265.00	OK5007	
BRASLOW TAPE 1/EA	YES	AE-4800		4	ea	\$3.45	\$	13.80	TX123457	Sample sent with Previous Bid
EMERGENCY OBSTETRICAL KIT, BOUNDTREE 1/EA	YES	444001	444001	20	ea	\$4.50	\$	90.00	KT500LF	Sample sent with Previous Bid
RESPONDER JR. HOLSTER, BLACK, VERTICAL 1/EA	YES	205BK	320205	10	ea	\$3.50	\$	35.00	ADC 205BK	
GLOVE POUCH, P2, BLACK, (HOLDS ONE-TWO PAIRS) 1/EA	YES	170401	170401	10	ea	\$5.00	\$	50.00	IR122-BLK	Sample sent with Previous Bid
CONTOUR BLOOD GLUCOSE MONITOR 1/EA	YES	9556C		30	EA	\$16.50	\$	495.00	GU3400	Sample sent with Previous Bid
CONTOUR BLOOD GLUCOSE TEST STRIPS, 50/BOTTLE 12 BTLS /BX	YES	7099C	170365	10	bx	\$246.00	\$	2,460.00	GU3000-12	Sample sent with Previous Bid
ACCU-CHEK SAFE-T-PRO LANCETS 200/BX	YES	40516029		20	bx	\$34.52	\$	690.40	GU98121	Yes
FINGER RING CUTTER 1/EA	YES	104130	400010	6	ea	\$5.50	\$	33.00	IN960	
RING CUTTER BLADES 1/EA	YES	400011	400011	5	ea	\$1.75	\$	8.75	IN960B	
ORAL GLUCOSE 15GM 2053 3/PACK	YES	0574-0069-30	466930	30	pk	\$10.50	\$	315.00	MD62	
PLAIN SPLINTER FORCEPS, 5 INCH 1/EA	YES	400020	400020	10	ea	\$1.20	\$	12.00	IN389	
PENLIGHT W/PUPIL GAUGE, BOUNDTREE, 6/PK, 10 PK/BX	YES	400015P	400015P	4	bx	\$42.00	\$	168.00	PL1008	Sample sent with Previous Bid
PELICAN PROTECTOR EQUIPMENT CASES, ORANGE, 1550 W/DIVIDERS 1/EA	NO	1554	6815541	4	ea	\$245.00	\$	980.00	FB1550EMS	
DRUG LID INSERT ONLY FOR 1550 PELICAN BOX 1/EA	NO	683038PHX	683038PHX	4	ea	\$115.00	\$	460.00	FB1555	
PELICAN PROTECTOR EQUIPMENT CASES, ORANGE, 1500 W/DIVIDERS 1/EA	NO	689-1550EMS		4	ea	\$180.00	\$	720.00	FB1500EMS	

RFQ 5491-21 Attachment A.1.xls

**Agenda Sheet for City Council Meeting of:**

01/31/2022

<u>Date Rec'd</u>	1/11/2022
<u>Clerk's File #</u>	OPR 2018-0029
<u>Renews #</u>	
<u>Cross Ref #</u>	
<u>Project #</u>	
<u>Bid #</u>	
<u>Requisition #</u>	CR 23204

<u>Submitting Dept</u>	COMMUNITY AND ECONOMIC DEVELOPMENT
<u>Contact Name/Phone</u>	JESTEN RAY 509-625-6819
<u>Contact E-Mail</u>	JRAY@SPOKANECITY.ORG
<u>Agenda Item Type</u>	Contract Item
<u>Agenda Item Name</u>	1460 MOBILE PAY BY PHONE PARKING SERVICES AND E-PERMIT SYSTEM

Agenda Wording

Parking Services contract extension with Passport Labs, Inc. in Charlotte, North Carolina for mobile pay by phone parking services for \$40,000. Contract ends August 1, 2022.

Summary (Background)

The City has been using the Passport Parking App to allow parkers to pay on-street with a mobile device since January of 2018. The City pays \$.10 for each completed parking transaction. This is the final contract renewal and will expire on August 1, 2022.

Lease? NO	Grant related? NO	Public Works? NO
<u>Fiscal Impact</u>		<u>Budget Account</u>
Expense	\$ 40,000	# 1460-21200-21710-54201-99999
Select	\$	#
Select	\$	#
Select	\$	#
<u>Approvals</u>		<u>Council Notifications</u>
<u>Dept Head</u>	BECKER, KRIS	<u>Study Session\Other</u> Public Safety and Community Health Committee – 1/10/22
<u>Division Director</u>	MACDONALD, STEVEN	<u>Council Sponsor</u> CM Kinnear
<u>Finance</u>	MURRAY, MICHELLE	<u>Distribution List</u>
<u>Legal</u>	SZAMBELAN, TIMOTHY	doug.rogers@passportinc.com; (Signer)
<u>For the Mayor</u>	ORMSBY, MICHAEL	Maggie.patterson@passportinc.com;
<u>Additional Approvals</u>		kbecker@spokanecity.org; jwest@spokanecity.org;
<u>Purchasing</u>		jray@spokanecity.org; mwilliams@spokanecity.org;
		jlargent@spokanecity.org; korlob@spokanecity.org;
		cbrazington@spokanecity.org;
		meg.polak@passportinc.com;

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City of Spokane

**CONTRACT EXTENSION
3 OF 3**

**Title: MOBILE PAY BY PHONE PARKING
SERVICES AND E-PERMIT SYSTEM**

This Contract Amendment/Extension including additional compensation is made and entered into by and between the **CITY OF SPOKANE**, as ("City") and **PASSPORT LABS, INC.**, whose address is, 128 S Tryon Street, Suite 1000, Charlotte, North Carolina, 28202 as ("Company"), individually hereafter referenced as a "party", and together as the "parties".

WHEREAS, the parties entered into an Agreement for the Company agreed to provide all services and licensed software necessary for mobile payments for the City's parking program and digital permit platform; and,

WHEREAS, the initial contract provided for 3 additional one-year extensions, with this being the third of those extension; thus the original Contract needs to be formally Amended and Extended by this written document; and

NOW, THEREFORE, in consideration of the mutual promises made herein and other valuable consideration, the parties hereto now amend the original agreement as follows:

1. CONTRACT DOCUMENTS.

The original Contract, dated January 17, 2018, and February 8, 2018, any previous amendments, addendums and/or extensions/renewals thereto, are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

2. EFFECTIVE TERM.

This Contract Extension shall become effective on February 1, 2022 and shall run through August 1, 2022.

3. COMPENSATION.

The City shall pay **FORTY THOUSAND AND NO/100 DOLLARS (\$40,000)** for everything furnished and done under this Contract Extension. This is the maximum amount to be paid under this Extension, and shall not be exceeded without the prior written authorization of the City, memorialized with the same formality as the original Contract and this document.

4. DEBARMENT AND SUSPENSION.

The Contractor has provided its certification that it is in compliance with and shall not contract with individuals or organizations which are debarred, suspended, or otherwise excluded from or ineligible from participation in Federal Assistance Programs under Executive Order 12549 and "Debarment and Suspension", codified at 29 CFR part 98.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Contract Extension by having legally binding representatives affix their signatures below.

PASSPORT LABS, INC.

CITY OF SPOKANE

By _____
Signature Date

By _____
Signature Date

Type or Print Name

Type or Print Name

Title

Title

Attest:

Approved as to form:

City Clerk

Assistant City Attorney

Attachments that are part of this Agreement:
Certificate of Debarment

21-245

ATTACHMENT
CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION

1. The undersigned (i.e., signatory for the Subrecipient / Contractor / Consultant) certifies, to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - b. Have not within a three-year period preceding this contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
 - c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and,
 - d. Have not within a three-year period preceding this contract had one or more public transactions (federal, state, or local) terminated for cause or default.
2. The undersigned agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
3. The undersigned further agrees by signing this contract that it will include the following clause, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

1. The lower tier contractor certified, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 2. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.
4. I understand that a false statement of this certification may be grounds for termination of the contract.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name of Subrecipient / Contractor / Consultant (Type or Print)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Program Title (Type or Print)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name of Certifying Official (Type or Print)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Title of Certifying Official (Type or Print)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date (Type or Print)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386 CN130650496-PLI-AII-21-22	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: The Charter Oak Fire Insurance Company INSURER B: Travelers Property Casualty Co. of America INSURER C: Farmington Casualty Company INSURER D: ACE American Insurance Company INSURER E: INSURER F:
INSURED Passport Labs, Inc. 128 S Tryon St Ste 2200 Charlotte, NC 28202	NAIC # 25615 N/A 41483 22667

COVERAGES**CERTIFICATE NUMBER:**

CLE-006812855-00

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ZLP-91N45822	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		BA-7S4522A	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Comp/Coll Ded. \$ 500/500
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		CUP-7S452994	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-7S452367	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber & Privacy / MultiMedia / Technology E&O			D96551770	10/01/2021	10/01/2022	Limit 5,000,000 SIR 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Spokane is listed as Additional Insured on the General Liability as per written contract.

CERTIFICATE HOLDERCity of Spokane WA
808 W. Spokane Falls Blvd
Spokane, WA 99201**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.*Marsh USA Inc.*

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED Passport Labs, Inc. 128 S Tryon St Ste 2200 Charlotte, NC 28202
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Cyber & Privacy Liability / Multi Media Liability / Technology Errors & Omissions:

Carrier: Zurich American Insurance Company

Policy Number: EOC 0867567-02

Effective/Expiration: 10/01/2021 - 10/01/2022

Limits: \$5,000,000 xs of \$5,000,000

Crime:

Carrier: Federal Insurance Company

Policy Number: 8261-1497

Effective/Expiration: 10/01/2021 - 10/01/2022

Limits:

(A) Employee Theft Coverage: \$1,000,000

Retention: \$50,000

(B) Client Coverage: \$5,000,000

Retention: \$50,000

The City of Spokane is listed as Additional Insured on the General Liability as per written contract.



STATE OF
WASHINGTON

BUSINESS LICENSE

Profit Corporation

PASSPORT LABS, INC.
PASSPORT LABS, INC
STE 2200
128 S TRYON ST
CHARLOTTE NC 28202-5007

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

Issue Date: Dec 30, 2021
Unified Business ID #: 604098954
Business ID #: 001
Location: 0001
Expires: Dec 31, 2022

INDUSTRIAL INSURANCE - ACTIVE

CITY ENDORSEMENTS:

BELLINGHAM GENERAL BUSINESS #066387 - ACTIVE
SPOKANE GENERAL BUSINESS - NON-RESIDENT - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

PASSPORT LABS, INC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 604098954 001 0001

PASSPORT LABS, INC.
PASSPORT LABS, INC
STE 2200
128 S TRYON ST
CHARLOTTE NC 28202-5007

FOLD HERE

UNEMPLOYMENT INSURANCE -
ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
BELLINGHAM GENERAL BUSINESS
#066387 - ACTIVE
SPOKANE GENERAL BUSINESS -
NON-RESIDENT - ACTIVE

STATE OF WASHINGTON

FOLD HERE

Expires: Dec 31, 2022

Director, Department of Revenue

IMPORTANT!

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE POSTING THIS LICENSE

General Information

Post this Business License in a visible location at your place of business.

If you were issued a Business License previously, **destroy the old one and post this one in its place.**

Login to My DOR at dor.wa.gov if you need to make changes to your business name, location, mailing address, telephone number, or business ownership.

Telephone: 360-705-6741

Endorsements

All endorsements should be renewed by the expiration date that appears on the front of this license to avoid any late fees.

If there is no expiration date, the endorsements remain active as long as you continue required reporting. Tax Registration, Unemployment Insurance, and Industrial Insurance endorsements require you to submit periodic reports. Each agency will send you the necessary reporting forms and instructions.

For assistance or to request this document in an alternate format, visit <http://business.wa.gov/BLS> or call (360) 705-6741. Teletype (TTY) users may use the Washington Relay Service by calling 711.

BLS-700-107 (07/27/20)



Agenda Sheet for City Council Meeting of: 01/31/2022

Date Rec'd	1/17/2022
Clerk's File #	OPR 2021-0668
Renews #	
Cross Ref #	
Project #	
Bid #	
Requisition #	CARRYOVERS

Submitting Dept	POLICE
Contact Name/Phone	MAJ. MIKE MCNAB 835-4514
Contact E-Mail	MMCNAB@SPOKANEPOLICE.ORG
Agenda Item Type	Contract Item
Agenda Item Name	0680 - GARDNER REMODEL AMENDMENT

Agenda Wording

Amendment and cost increase to OPR 2021-0668 for the remodel of the Gardner investigative building. Change orders due to window and door pricing are necessary due to increase in materials cost.

Summary (Background)

City Council previously approved a contract with Shawn Cole Construction for the remodel of SPD's investigative building. The original contract with Cole Construction was for \$47,197. Due to price increase of materials, the estimated contract has increased to \$54,460.34.

Lease? NO Grant related? NO Public Works? YES

Fiscal Impact

Expense	\$ 7,263.34	Budget Account	# 3160-49001-94000-56301-99999
Select	\$		#
Select	\$		#
Select	\$		#

Approvals

Dept Head	MEIDL, CRAIG
Division Director	MCNAB, MICHAEL
Finance	SCHMITT, KEVIN
Legal	ODLE, MARI
For the Mayor	ORMSBY, MICHAEL

Council Notifications

Study Session\Other	PSCHC Meeting 01/10/2022
Council Sponsor	Councilmember Kinnear

Distribution List

spdfinance
MMCNAB
laga@spokanecity.org
dstele
kmfriesen
shawn@shawncolecontstruction.com

Additional Approvals

Purchasing



City of Spokane

CONTRACT AMENDMENT

Title: **DETECTIVES BUILDING
OFFICE REMODEL**

This Contract Amendment is made and entered into by and between the **CITY OF SPOKANE** as ("City"), a Washington municipal corporation, and **SHAWN COLE CONSTRUCTION, INC.**, whose address is 1512 West Cougar Lane, Spokane, Washington 99224 as ("Contractor"), individually hereafter referenced as a "party", and together as the "parties".

WHEREAS, the parties entered into a Contract wherein the Contractor agreed to perform the Detectives Building Office Remodel; and

WHEREAS, due to a delay, costs have increased, and additional work and materials are needed, thus, the original Contract needs to be formally Amended by this written document; and

NOW, THEREFORE, in consideration of these terms, the parties mutually agree as follows:

1. CONTRACT DOCUMENTS.

The Contract, dated October 13, 2021, any previous amendments, addendums and / or extensions / renewals thereto, are incorporated by reference into this document as though written in full and shall remain in full force and effect except as provided herein.

2. EFFECTIVE DATE.

This Contract Amendment shall become effective on October 10, 2021 and shall run through September 30, 2022.

3. ADDITIONAL WORK.

The Scope of Work in the original Contract is revised to include the following:

Purchase and installed of fire rated windows and door in accordance with Change Orders 1 and 2, attached.

4. COMPENSATION.

The City shall pay an additional amount not to exceed **SEVEN THOUSAND TWO HUNDRED SIXTY-THREE AND 34/100 DOLLARS (\$7,263.34)**, including applicable sales tax, for everything furnished and done under this Contract Amendment. This is the maximum amount to be paid under this Amendment, and shall not be exceeded without the prior written authorization of the City, memorialized with the same formality as the original Contract and this document.

IN WITNESS WHEREOF, in consideration of the terms, conditions and covenants contained, or attached and incorporated and made a part, the parties have executed this Contract Amendment by having legally-binding representatives affix their signatures below.

SHAWN COLE CONSTRUCTION, INC.

CITY OF SPOKANE

By _____
Signature Date

By _____
Signature Date

Type or Print Name

Type or Print Name

Title

Title

Attest:

Approved as to form:

City Clerk

Assistant City Attorney

Attachments that are part of this Agreement:

Change Orders 1 and 2

22-015

Shawn Cole Construction Inc
15212 West Cougar Lane
Spokane, Wa 99225

COR # 1

11/30/2021

Property NO: 1427 W Gardner AVE

Description of proposed:

Add two Timely window frames and glass to project.
after revision in the floor plan.

Detective Building	YRDS	LABOR	MATERIALS	SUB	Other
Add two Timely frames and glass		\$1,250.00	\$400.00		
			\$266.66	River City	
			\$348.00	AM Hardware	
LINE TOTAL		\$1,250.00	\$1,014.66	\$0.00	\$0.00
			\$2,264.66		
17001 P & O 15 %			\$339.70		
1190 INSURANCE 1.5 %			\$65.11		
1173 BOND 2.50 %			\$66.74		
TOTAL BASE BID			\$2,736.20		
TAX 9.0%			\$246.26		
			\$2,982.46		

River City Glass
6615 E. Main
Spokane WA 99212
Phone: 509-532-0252
Fax: 509-532-0253



This Is Not An Invoice

Sales Order

DATE	S/O #	CUST #
11/17/2021	0000232653	0001164
CLERK	Kyle Deuser	

BILL TO:

Shawn Cole Construction
15212 W Cougar Ln
Spokane WA 99224

JOB LOCATION:

Shawn Cole Construction
Will Call
Spokane Valley WA

Work Fax Home Chris
509-244-3923

P.O. NUMBER		TERMS	SALES PERSON	
Detectives Bldg		PREPAY	Kyle Deuser	
QUAN	DESCRIPTION		PRICE EACH	AMOUNT
Will Call Purchase Chris Mulderig 509-280-7668				
2.00	3/16" Clear Tempered, Seam All Edges 40" x 40"		133.33	266.66
Terms: 100% payment at the time of placing the order. If you would like to proceed with this quote please sign the bottom of the form with your approval.				
TOTAL				\$266.66

Accepted By: _____ Date: _____

TERMS AND CONDITIONS OF SALE: *The above merchandise is sold and delivery accepted subject to the express stipulation that: 1) interest will be charged at the rate of 1.5% per month on all amounts past due or at the highest allowable rate by law, whichever is greater, and 2) in the event legal action is instituted to enforce payment of the amount due, a reasonable amount will be added for attorney's fees, collection fees and legal costs, as well as interest

Thank You

AM HARDWARE PROPOSAL



PROJECT: Spokane Detective Building

DATE: 11.29.2021

LOCATION: Spokane, WA

TO: Shawn Cole Construction

***For furnishing the following materials we quote the prices shown:

Hollow Metal Frames:

- 4 – Timely KD Hollow Metal Door Frames
 - Add \$348.00 for 2 Timely KD Hollow Metal Window Frames

Flush Wood Doors:

- 4 – 3070 Flush Lynden SC Plain Sliced White Oak Wood Doors; Clear finish

Finished Hardware:

- Dormakaba Hardware Package
 - Hinges cylindrical locks, closers
 - To accept BEST IC cores

Total: \$5,274.00

*ADDENDA'S ACKNOWLEDGED:

***All prices good for 30 days from date of proposal**

***No tax or installation included**

***Excludes:** Glass, Bituminous coating, Grout, and fasteners

***FOB AM Hardware**

Note: All surcharges are included in current pricing. Please see below for price guarantee protection.

**Quote good for 30 days (Must provide signed proposal or notice to proceed within the 30 day period to guarantee price protection.)*

***All products must be ordered complete within 60 days of dated proposal to guarantee price protection.*

****Most factory lead times currently 14 to 18 weeks. Note some items may have supply chain issues. Formal Lead times will be provided once final order is processed*

By signing this agreement, all parties agree to the terms as described above. Alterations to this agreement can only be made by both parties and must be placed in writing. Both parties will be responsible for upholding its terms.

Please Sign Below:

Signature

Date

Print Name

Company

AM HARDWARE CO, INC.
Jack Applegate
2616 N. Dartmouth
Spokane, WA 99206

12/9/2021

Detective Building	YRDS	LABOR	MATERIALS	SUB	Other
Original door quote 7/28/21			(\$2,300.00)		
Current door quote 12/8/21			\$6,075.00		
Revised 12/9/21 to include fire rated door					
LINE TOTAL		\$0.00	\$3,775.00	\$0.00	\$0.00
			\$3,775.00		
17001 P & O 15 %			\$0.00		
1190 INSURANCE 1.5 %			\$56.63		
1173 BOND 2.50 %			\$95.79		
TOTAL BASE BID			\$3,927.42		
TAX 9.0%			\$353.47		
			\$4,280.88		

AM HARDWARE PROPOSAL



PROJECT: Spokane Detective Building

DATE: 12.8.2021

LOCATION: Spokane, WA

TO: Shawn Cole Construction

***For furnishing the following materials we quote the prices shown:

Hollow Metal Frames:

- 4 – Timely KD Hollow Metal Door Frames
 - Add \$348.00 for 2 Timely KD Hollow Metal Window Frames

Flush Wood Doors:

- 3 – 3070 Flush Lynden SC Plain Sliced White Oak Wood Doors; Clear finish
- 1 – 3070 Flush Lynden SC Plain Sliced White Oak Wood Door 60 Minute Rated; Clear finish

Finished Hardware:

- Dormakaba Hardware Package
 - Hinges cylindrical locks, closers, Gasket at fire rated opening
 - To accept BEST IC cores

Total: \$6,075.00

***ADDENDA'S ACKNOWLEDGED:**

***All prices good for 30 days from date of proposal**

***No tax or installation included**

***Excludes:** Glass, Bituminous coating, Grout, and fasteners

***FOB AM Hardware**

Note: All surcharges are included in current pricing. Please see below for price guarantee protection.

**Quote good for 30 days (Must provide signed proposal or notice to proceed within the 30 day period to guarantee price protection.)*

***All products must be ordered complete within 60 days of dated proposal to guarantee price protection.*

****Most factory lead times currently 14 to 18 weeks. Note some items may have supply chain issues. Formal Lead times will be provided once final order is processed*

By signing this agreement, all parties agree to the terms as described above. Alterations to this agreement can only be made by both parties and must be placed in writing. Both parties will be responsible for upholding its terms.

Please Sign Below:

Signature

Date

Print Name

Company

AM HARDWARE CO, INC.
Jack Applegate
2616 N. Dartmouth
Spokane, WA 99206

Briefing Paper

Finance Committee

Division & Department:	Spokane Police Department
Subject:	Gardner detective building remodel construction contract
Date:	12/17/2021
Contact (email & phone):	Mike McNab– mmcnab@spokanepolice.org 509-835-4514
City Council Sponsor:	Councilmember Kinnear
Executive Sponsor:	
Committee(s) Impacted:	Public Safety Community Health Committee
Type of Agenda item:	<input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion <input type="checkbox"/> Strategic Initiative
Alignment: (link agenda item to guiding document – i.e., Master Plan, Budget, Comp Plan, Policy, Charter, Strategic Plan)	
Strategic Initiative:	
Deadline:	
Outcome: (deliverables, delivery duties, milestones to meet)	Due to construction cost overages, the contract for Cole Construction is going to exceed \$50,000 requiring City Council's approval.
Background/History: City Council previously approved an SBO to fund a remodel of SPD's investigative building. The original contract with Cole Construction was for \$47,197. Due to cost overages, the estimated contract has increased to \$54,460.34.	
Executive Summary: <ul style="list-style-type: none"> • Approval Cole Construction contract increase of \$7,263.34 • Total project estimated cost of \$54,460.34 <ul style="list-style-type: none"> ○ \$7,263.34 proposed to be added to previously awarded contract to Shawn Cole Construction OPR 2021-0668 ○ Remainder for interfund bills from Facility Maintenance for project management as well as additional work • Funding is from fund reserves under fund 3160-General Capital Improvements <ul style="list-style-type: none"> ○ SPD had transferred funding each year 2015-2020 to pay for future capital building expenses 	
Budget Impact: Approved in current year budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Annual/Reoccurring expenditure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If new, specify funding source: Other budget impacts: (revenue generating, match requirements, etc.)	
Operations Impact: Consistent with current operations/policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Requires change in current operations/policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Specify changes required: Known challenges/barriers:	

**Agenda Sheet for City Council Meeting of:**

01/31/2022

Date Rec'd

1/11/2022

Clerk's File #

CPR 1981-0402

Renews #**Submitting Dept**

MAYOR

Cross Ref #**Contact Name/Phone**

TESSA DELBRIDGE 625-6716

Project #**Contact E-Mail**

TDELBRIDGE@SPOKANECITY.ORG

Bid #**Agenda Item Type**Boards and Commissions
Appointments**Requisition #****Agenda Item Name**

0520 REAPPOINTMENT TO PARK BOARD

Agenda Wording

Reappoint Bob Anderson and Sally Vantress-Lodato to the Park Board to serve from 2/2/2022 to 2/2/2027

Summary (Background)

Reappoint Bob Anderson and Sally Vantress-Lodato to the Park Board to serve from 2/2/2022 to 2/2/2027

Lease? NO

Grant related? NO

Public Works? NO

Fiscal Impact**Budget Account**

Select \$

#

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

COTE, BRANDY

Study Session\Other**Division Director****Council Sponsor****Finance****Distribution List****Legal**

tdelbridge@spokanecity.org

For the Mayor

ORMSBY, MICHAEL

gjones@spokanecity.org

Additional Approvals**Purchasing**

**Agenda Sheet for City Council Meeting of:**

01/31/2022

Date Rec'd

1/19/2022

Clerk's File #

CPR 1981-0295

Renews #**Submitting Dept**

MAYOR

Cross Ref #**Contact Name/Phone**

TESSA DELBRIDGE 625-6716

Project #**Contact E-Mail**

TDELBRIDGE@SPOKANECITY.ORG

Bid #**Agenda Item Type**Boards and Commissions
Appointments**Requisition #****Agenda Item Name**

0520 APPOINTMENT TO PLAN COMMISSION

Agenda Wording

Appoint Asher Ernst to serve a four-year term on the Plan Commission from 1/31/2022 to 12/31/2025;
appoint Kris Neely to serve a vacated, partial term to end on 12/31/2023

Summary (Background)

Appoint Asher Ernst to serve a four-year term on the Plan Commission from 1/31/2022 to 12/31/2025;
appoint Kris Neely to serve a vacated, partial term to end on 12/31/2023

Lease? NO

Grant related? NO

Public Works? NO

Fiscal Impact**Budget Account**

Select \$

#

Select \$

#

Select \$

#

Select \$

#

Approvals**Council Notifications****Dept Head**

COTE, BRANDY

Study Session\Other**Division Director****Council Sponsor****Finance****Distribution List****Legal**

tdelbridge@spokanecity.org

For the Mayor

ORMSBY, MICHAEL

lmeuler@spokanecity.org

Additional Approvals**Purchasing**